



SANDRA ESKENAZI  
**MENTAL  
HEALTH  
CENTER**  
ESKENAZI HEALTH

### **Also this issue:**



**State & Federal updates**  
**Pages 14 - 23**



**Recent events**  
**Page 28 - 31**

**This month's Member Spotlight features**  
**Sandra Eskenazi Mental Health Center -**  
the oldest community mental health center in Indiana.  
SEMHC has been a leading provider of a wide range  
of mental health services for nearly 60 years ...

**Read more on pages 8 - 12**

## Dear Members, Partners, and Colleagues,

**As we move through the heart of summer, I want to take a moment to reflect on the energy, commitment, and collaboration that continues to drive our community mental health network forward—especially during a time of evolving policy and financial uncertainty.**



The passage of what has been coined as the “big, beautiful budget bill” has certainly made headlines (**Federal Update on pages 16 -21**). While we are still navigating the full implications of this legislation, one thing remains clear: our advocacy efforts must not only continue—they must deepen.

One of the ways we are enhancing our efforts is through the development of a **statewide data warehouse**. Without data in advocacy, we are limited to the full impact we can have. (More info on that coming soon!) The Council remains steadfast in ensuring that the values of sustainability, access, and equity for those we serve are protected as implementation unfolds. We know that policy without a provider’s voice can leave too many behind, and we will not let that happen on our watch.

A heartfelt thank you to everyone who attended, sponsored, or spoke at **our July conference** this past week (Photos and our thanks on **pages 28 - 29**). A special thank you to our **Child and Adolescent Committee** who assisted us with the agenda

for this conference. The insights shared and connections made reflect the strength and unity of our network. Your engagement is what makes these events meaningful, and your presence fuels the momentum we need heading into the next legislative cycle.

In addition to the conference, June also brought about important strategy conversations. Our Board engaged in **critical strategic planning** to ensure the Council is positioned for long-term impact, especially as the mental health landscape shifts at both the state and federal levels.

We also convened with our valued partners at the **Indiana Primary Health Care Association** (IPHCA) for a joint strategic discussion centered on federal policy priorities and aligning budget strategies for the future. These conversations reinforce that collaboration across systems is not only beneficial—it is essential.

Pictures from both events are on **page 30**.

I also want to extend special thanks to **Eskenazi Health**, our feature highlight in this edition of the newsletter - **pages 8 - 12**. Eskenazi continues to lead with innovation, compassion, and community-centered care, and we are grateful for their continued partnership and leadership within our network.

Finally, be sure to read through our council, committee and state and federal policy updates (**pages 14 - 27**), where we break down the latest developments impacting our field. From Medicaid changes to emerging guidance around crisis services and CCBHC transformation, there is much to stay informed on—and we’re here to help you do just that.

As always, thank you for your commitment to this work. We are stronger together, and your dedication ensures that Indiana’s behavioral health system continues to rise to meet the needs of the moment.

In partnership -

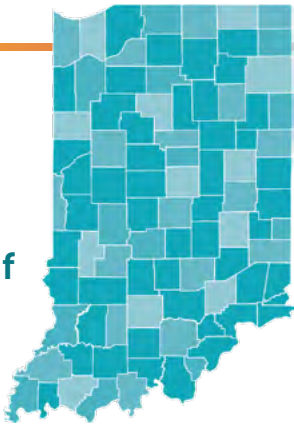
**Zoe Frantz**

President, CEO  
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Together,  
building the  
health and  
well-being of  
all Hoosiers!



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## 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 served over 300,000 behavioral health consumers in 2023.** 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.

Click the image below to view / download our flyer on the benefits provided to our communities by our network of CMHCs.



**Indiana's Community Mental Health Centers (CMHCs)** provide comprehensive mental health care to persons of all ages who suffer from mental illness or substance use disorders.

- The 24 CMHCs focus on serving economically disadvantaged Hoosiers and those who typically encounter difficulties accessing care.
- The services CMHCs provide to their communities include: inpatient and outpatient treatment, crisis services, services for children and adolescents, elderly people, substance use services, residential services, peer-led services and more.
- CMHCs provide life-improving, critical mental health services to Hoosiers who otherwise might never receive care, including the economically disadvantaged, persons involved in the criminal justice system, and persons who are experiencing homelessness.

**CMHCs have a positive impact on Indiana's economy.**

- The overall economic footprint of CMHCs statewide is nearly \$1.4 billion.
- CMHCs directly employ 11,629 Hoosiers, and indirectly support the jobs of an additional 3,511 Hoosiers through the supply chain, and via income generated by the CMHCs.
- Every \$1.00 invested by CMHCs generates another \$0.59 in additional economic activity.
- CMHCs help improve the state's mental healthcare workforce by providing internships to graduate students to learn skills needed to work in a community mental health environment.

**How can you support Indiana CMHCs?**

CMHCs face many challenges, the biggest of which are acquiring and retaining a quality workforce, lack of adequate funding, and administrative burdens. The following measures would assist CMHCs to provide Hoosiers with more effective and timely services...

- Continue telehealth supports, alongside face-to-face services, during the first year of the COVID-19 pandemic.
- Continue and expand the Certified Community Behavioral Health Clinician (CCBHC) grantee program; implement Prospective Payment System rate methodology.
- Increase Medicaid reimbursement rates to reflect the true cost of services.
- Provide incentives to work at CMHCs, such as student loan repayment or tuition reimbursement.
- Improve the licensure process by petitioning licensers to get a license more quickly.
- Reduce the administrative burden on CMHC staff by streamlining processes and reducing paperwork.
- Allow reimbursement of support services for consumers, such as transportation to and from the CMHC.
- Improve Hoosiers' mental health literacy to help them recognize, manage and prevent mental health and substance use disorders.

Text adapted from The Impact Of Indiana's Community Mental Health Centers by the Center for Health Policy. View/download the full report here

Indiana Council of Community Health Centers, 100 West Ohio Drive, Suite 610, Indianapolis, IN 46204 (317) 684-3884 [indianacouncil.org](http://indianacouncil.org)

or scan this QR code:



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## PRESS RELEASE

Indiana Council of Community Mental Health Centers

## Zoe Frantz Appointed Vice Chair of National Council Public Policy Committee

Indianapolis, IN – The Indiana Council of Community Mental Health Centers is proud to announce that its President and CEO, Zoe Frantz, has been appointed as Vice Chair of the National Council for Mental Wellbeing's Public Policy Committee.

This national appointment is recognition of Zoe's leadership and unwavering commitment to advancing behavioral health policy. As Vice Chair, Zoe will play a pivotal role in shaping the National Council's federal public policy agenda, working to ensure that the voices of behavioral health providers and the communities they serve are heard in Washington, D.C.

Zoe brings over 23 years of experience in behavioral health systems, public policy, and leadership. Under her direction, the Indiana Council has strengthened its role as a voice for community mental health centers statewide, championing legislation and resources that support accessible, quality care.

"I'm honored to serve as Vice Chair of the Public Policy Committee and to collaborate with the National Council to elevate the critical work happening in behavioral health across the country," said Frantz. "Together, we can advocate for sustainable policy solutions that continue to improve lives and strengthen communities."

The National Council for Mental Wellbeing is the nation's leading advocacy and membership organization for community-based mental health and substance use treatment providers, representing more than 3,400 organizations across the United States. For more information on The National Council for Mental Wellbeing visit: [National Council for Mental Wellbeing](https://www.nationalcouncilformentalwellbeing.org)

About Indiana Council of Community Mental Health Centers: The Indiana Council of Community Mental Health Centers (ICCMHC) is a non-profit organization dedicated to promoting mental health and substance use treatment services across Indiana. Through advocacy, education, and support, ICCMHC works to ensure that all Hoosiers have access to comprehensive, high-quality behavioral health care.



NATIONAL COUNCIL  
for Mental Wellbeing

HEALTHY MINDS • STRONG COMMUNITIES

## Call for New Affiliate Members

**Join the Indiana Council as an  
Affiliate Member!**

**Be part of Indiana's leading voice for  
behavioral health.**

The Indiana Council is looking for new affiliate members and invites government agencies, nonprofits, healthcare partners, and academic institutions, to join us as Affiliate Members.

**As an Affiliate Member, you'll:**

- Connect with leaders from across Indiana's mental health landscape
- Collaborate on statewide initiatives and policy efforts
- Access exclusive events, trainings, and data insights
- Support the advancement of behavioral health services across Indiana

Your membership strengthens a statewide network committed to improving lives through accessible, quality mental health and addiction services.

**Ready to join or learn more?**

**Click here to visit our  
Member Application page!**

## Member Poll: Ranking State Policy Topics

**You're invited to participate in a new member survey. We want to find out what policies you think we should be focusing on...**

**The survey should only take a few minutes, just to rank a selection of current policy initiatives in order of highest or lowest priority - such as CCBHC Transformation, Criminal Justice, Administrative Burden ... and to let us know if there's anything missing from the list!**

**Please click here to start the survey.**

***Thank you so much for your time!***

# Friends of Indiana Council PAC

## WHAT IS THE CMHC-PAC?

The Friends of Indiana Council-PAC is a political action committee made up of representatives from community mental health centers across the state of Indiana. Its sole purpose is to advance community mental health providers' position in the Indiana General Assembly.

Friends of Indiana Council-PAC does just what its name says: takes action on the political issues that matter to you and the people you serve.

## OUR PURPOSE:

To serve as the voice of behavioral healthcare in the Indiana General Assembly.

## OUR MISSION:

- To inform elected officials about policies, programs and initiatives that impact the public behavioral healthcare system.
- To build relationships with public officials and candidates for state elected office.

## WHY IS CMHC-PAC NEEDED?

Government activity at both state and federal levels has a direct impact on behavioral healthcare providers. A strong political action committee is an essential tool for any effective governmental relations effort. Your individual participation in the political action process can shape public policy that is responsive to the needs of CMHCs and the communities they serve.

## WHO CAN CONTRIBUTE?

Voluntary contributions to the Friends of Indiana Council-PAC may be accepted from any U.S. citizen.



## WHERE WILL MY CONTRIBUTION GO?

A contribution to the Friends of Indiana Council-PAC fundraising campaign will help your voice be heard across the state of Indiana. Funds raised are used to present issues of concern to candidates for state elected offices. This support is given to candidates and elected state office holders that share the goals of CMHCs. Contribution decisions are made by the Indiana Council Board members and public policy committee members.

## HOW DO I CONTRIBUTE?

Contributions can be made by a direct donation via our website:

- **Click here to go to our donation page.**

Otherwise, checks can be made out to Friends of Indiana Council-PAC and sent to: PO Box 609 Jeffersonville, IN 47131.

## IS MY CONTRIBUTION TAX DEDUCTIBLE?

Contributions to PACS, including Friends of Indiana Council-PAC, are not deductible for income tax purposes.

*If you have any questions please reach out to Sydney Moulton: [smoulton@indianacouncil.org](mailto:smoulton@indianacouncil.org)*

## SANDRA ESKENAZI MENTAL HEALTH CENTER ESKENAZI HEALTH

### History of Sandra Eskenazi Mental Health Center

**Sandra Eskenazi Mental Health Center, established in 1969, is the oldest community mental health center in Indiana.** Originally named Midtown Community Mental Health Center, it opened in what was then known as Marion County General Hospital. Eskenazi Health, as the health system is known today, is part of a municipal corporation called Health & Hospital Corporation of Marion County, which is the parent organization overseeing Eskenazi Health, the Marion County Public Health Department and Indianapolis Emergency Medical Services.

For over 165 years, Eskenazi Health has offered high-quality, cost-effective and patient-focused health care to the residents of Marion County and Central Indiana. As one of America's largest essential health care systems, Eskenazi Health provides treatment and services through more than 1 million outpatient visits each year.

In 2019, thanks to a \$5 million gift from Indianapolis civic leader **Sandra Eskenazi**, Midtown Community Mental Health Center was renamed in her



*Sandra Eskenazi*

honor, and the community mental health center became known as **Sandra Eskenazi Mental Health Center**. Sandra Eskenazi, daughter of Sidney and Lois Eskenazi for whom the Indianapolis-based health system is named after a monumental \$40 million gift, followed in her parents' footsteps through this remarkable gift, helping bring awareness to the importance of mental health care. A video created in celebration of this donation [can be viewed here](#).

For nearly 60 years, Sandra Eskenazi Mental Health Center has been a leading provider of a wide range of mental health services, currently with six outpatient locations, three residential locations, an inpatient care unit, school-based services, and hospital- and community-based crisis services.

### Improving Access to Care with New Locations

**In April 2024, Eskenazi Health opened a new location on the east side of Indianapolis, a 95,000 square-foot facility called Eskenazi Health Thomas & Arlene Grande Campus** which includes an outpatient location for Sandra Eskenazi Mental Health Center. This location welcomes individuals 6 years of age and older who are experiencing any mental health challenges and/or substance use disorders. Same-day walk-in intakes are available





## SANDRA ESKENAZI MENTAL HEALTH CENTER

Monday through Friday from 9 a.m. – 12 p.m.

In June 2024, Sandra Eskenazi Mental Health Center opened a new location dedicated to providing services and care for those facing opioid use disorder. The program, **Sandra Eskenazi Mental Health Center Caring Recovery Opioid Treatment Program**, is in the Twin Aire neighborhood located in the southeastern part of Indianapolis where substance use needs and overdoses were increasingly on the rise.

The new building transformed a former abandoned retail space into a place of hope and recovery with artwork from Sandra Eskenazi Mental Health Center clients on display, and public art installations are currently in the works and will be available for all to enjoy. Services include medication for opioid use disorder (MOUD), individual and group therapy, case management, and psychiatric treatment for additional mental health diagnoses.

Walk-in intakes are available Monday through Friday from 8 – 11 a.m.



*The care team at Sandra Eskenazi Mental Health Center at Eskenazi Health Thomas & Arlene Grande Campus*

Later in the year, a ribbon-cutting ceremony was held welcoming city and neighborhood leaders, and the opportunity to hear from a client who shared his story of recovery and gratitude for the care team and the support he received from Sandra Eskenazi Mental Health Center.

### Commitment to Care Innovation

**Sandra Eskenazi Mental Health Center was named as one of eight organizations in Indiana selected to participate in the state's Certified Community Behavioral Health Clinic (CCBHC) pilot.** The CCBHC designation is a reflection of Sandra Eskenazi Mental Health Center's ongoing commitment to excellence in delivery of care and has greatly increased access, availability of resources and allows the organization to continue to elevate the standard of care.

Through a tremendous amount of cross-department collaboration across Eskenazi Health, Sandra Eskenazi Mental Health Center went live



*Ribbon-cutting event for Sandra Eskenazi Mental Health Center Caring Recovery Opioid Treatment Program*

with CCBHC on Jan. 1, 2025, and with this launch, clients now have access to 24/7 mobile crisis services, nursing and peer staff have been expanded, and a variety of care liaisons have been added to support care coordination across the community. CCBHC designation is about providing access to high-quality services and resources and providing same-day access and linkage for meeting clients' basic needs like shelter, food and other things people need most. Sandra Eskenazi Mental Health Center has also created roles for CCBHC navigators and liaisons to provide extra support to individuals at high risk for treatment dropout.



*Julie Bingham, LMHC, manager of Sandra Eskenazi Mental Health Center crisis services (pictured left), and Courtney Morris, LMHC, CCBHC clinical supervisor (pictured right)*

health care. MCRT provides crisis intervention services via phone, in the community and, since becoming certified with the State

of Indiana Division of Mental Health and Addiction as a designated Mobile Crisis Team, in conjunction with 988 dispatch. The certification allows for MCRT to serve Sandra Eskenazi Mental Health Center clients as well as all citizens of Indianapolis and Marion County.

## Certified Mobile Crisis Recovery Team

Sandra Eskenazi Mental Health Center launched its **Mobile Crisis Recovery Team (MCRT)** in fall of 2024 to provide comprehensive mental health and substance use services as well as access to 24/7 crisis response and high-quality behavioral

## Advancing Opportunities for Mental Health Professionals

In March 2023, the **John & Kathy Ackerman Mental Health Professional Development at Sandra Eskenazi Mental Health Center** (Ackerman Center) was created as part of Sandra Eskenazi Mental Health Center's commitment to increasing access and mental health literacy for the community. The Ackerman Center is a leading force in reducing stigma and broadening access to mental health services by providing pathways for professionals seeking careers in mental health and developing community outreach programs aimed at increasing mental health literacy.

The Ackerman Center aims to build and support a comprehensive workforce that covers all disciplines of community mental health care. It encompasses several programs and initiatives including development pathways for care coordinators, peer recovery specialists and master's-level clinicians



*Sandra Eskenazi Mental Health Center Mobile Crisis Recovery Team*

through the Behavioral Health Academy™, a partnership with **Community Fairbanks Behavioral Health**.

Participants in these pathways are assigned to programs predominantly within Sandra Eskenazi Mental Health Center and gain real-life experience with clients. Other placement programs include federally qualified health centers and with community partners. They are immersed in valuable clinical training in community mental health center settings, preparing them to become proficient in mental health and addiction services. By increasing the number of mental health providers at Sandra Eskenazi Mental Health Center, the Ackerman Center's efforts result in more clients being served, ultimately improving the health of the community. To date, the Ackerman Center has accepted 82 Behavioral Health Academy™ students and 33 Care Coordinator Pathway students and has onboarded 46 Peer Recovery Apprentices since November 2023, with admissions increasing annually.

The Ackerman Center also focuses on prevention, awareness and community outreach through the extensive Mental Health Toolkit program which provides training and certification in Mental Health First Aid® (MHFA) for primarily minority populations and vulnerable adult- and youth-serving individuals in Marion County. Trainers work within community organizations to increase accessibility, reduce stigma and increase mental health awareness and literacy. The toolkit leads participants to mental health resources, education and support, helping individuals to access vital tools within their communities more easily. Since March 2023, the Indianapolis community has added more than 50



*John & Kathy Ackerman Mental Health Professional Development Center at Sandra Eskenazi Mental Health Center team*

new MHFA trainers and free MHFA training sessions are open to the public once a month. And as of summer 2025, more than 3,100

individuals have received MHFA training through the Mental Health Toolkit's network of MHFA trainers.

In February 2025, the Ackerman Center was recognized as an honoree of the Indianapolis Business Journal's Excellence in Health Care Awards in the mental health advocacy category.

"The Ackerman Center is one of the hallmarks that distinguishes Sandra Eskenazi Mental Health Center from so many other employers. Not only is it rare to have a department focused on employees (that isn't human resources but instead serves as a complement to), but within community mental health, it is also exceptionally rare for an employer to focus this intentionally on its employees as well as spreading the word about the amazing work our staff does for our clients and community," said Kelley Mills, Ackerman Center director.





## Commitment to Excellence for Employee Wellness and Engagement

In August 2023, Sandra Eskenazi Mental Health Center implemented a 32-hour workweek pilot program as a way to increase recruitment and retention, improve employee well-being and ultimately improve the quality and access to care. The 32-hour workweek model has evidence for helping to increase productivity and focus while staff continue to be paid a full-time rate and allowing for an additional day off per week. This program has led to higher job satisfaction, better work-life balance, increased efficiency and decreased turnover. And since its initial rollout that included two Sandra Eskenazi Mental Health Center programs, more programs have been made eligible for the 32-hour workweek.



**Eskenazi Health has been recognized with the 2025 Bell Seal for Workplace Mental Health certification by Mental Health America (MHA) at the Platinum level, the highest level of certification given.**

The Beal Seal certification was established in 2019 to recognize organizations across a range

of industries for their commitment to creating workplace environments that support their employees. Achieving this honor at the Platinum level reflects the high priority Eskenazi Health places on its employees' mental health and well-being and its commitment to align policies and benefits with industry best practices.

Employees' mental health and well-being are measured through comprehensive criteria in four sections: Workplace Culture, Benefits that Support

Mental Health, Caring Beyond Compliance and Holistic Wellness at Work. Eskenazi Health is proud to be among the list of employers highlighted by this national certification program for creating mentally healthy workplaces.

## Upcoming Event

### Recovery & Remembrance Event and Client Art Show – Sept. 5, 2025

Sandra Eskenazi Mental Health Center hosts an annual Recovery & Remembrance event in September to remember clients who have passed and share stories from those who have achieved success in their journeys of recovery. At this event, client recovery story videos are shown featuring Sandra Eskenazi Mental Health Center clients from several programs. The recovery stories can be viewed on Eskenazi Health's YouTube channel by [clicking here](#).

Additionally, there is an art show featuring artwork made by Sandra Eskenazi Mental Health Center clients that is open to the public. This year's event takes place on Friday, Sept. 5 on the Eskenazi Health downtown campus located at 720 Eskenazi Ave., Indianapolis, IN 46202.

*For more information, please contact Kinsey Couturier, LMFT, Sandra Eskenazi Mental Health Center manager, at:*

[kinsey.couturier@eskenazihealth.edu](mailto:kinsey.couturier@eskenazihealth.edu).

**Sandra Eskenazi  
Mental Health Center**  
720 Eskenazi Avenue,  
Indianapolis IN 46202  
*Designated in: MARION*





# 988

# SUICIDE & CRISIS LIFELINE



## 988 Lifeline:

## Three Years of Compassionate Care

### Dear 988 Suicide & Crisis Lifeline Partners,

Thank you! This week, we are hitting our third anniversary. The growth of 988 and the broader crisis care system continues to be an extraordinary partnership and a tremendous success because of all of you around the country.

In our first three years, we have answered 15 million contacts. Those conversations, whether by voice, text, or chat, are saving lives and helping people in all states, territories, and tribes in the United States.

### 988: Real Stories

*"Thank you so incredibly much for what you do. I am eternally grateful for the help and support that I have received in times of need through this service. Each and every time I call, I am greeted by someone who is empathetic, positive, patient, and caring. Thank you for giving me a shoulder to cry on, the best advice, and love. I once again, want to truly thank this team for saving my life."*

**988lifeline.org**

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



### Contacting 988 Helps

A study on crisis call outcomes led by Madelyn Gould published in May. It showed that nearly 98% of callers said their crisis call helped them and 88% said their call stopped them from killing themselves.

These results happen because of the compassionate and skilled care provided by 988 Lifeline crisis contact center counselors. And it's not just studies that tell us the real stories of how you are helping your communities. On the 988 Lifeline website, people send in their feedback to us. Below are just a few of the many testimonials from people who you have helped in your work.

*"My operator was always so attentive and helpful during our conversation. She had saved me from a pit of hopelessness and gave me a renewed sense of responsibility and control over my life. We curated a very amazing safety plan to remind myself of what I have to live for and what resources I can rely on to get me through, even during my darkest and most isolating moments. I couldn't have been more grateful."*



## ASAMeLearning

### ASAM Criteria 4th Edition Foundations and Skill Building Courses

***Registration is now open for all training dates.***

The **Indiana Family and Social Services Administration's Division of Mental Health and Addiction**, with help from with **Ivy Tech Community College, Allen County Public Library, Southwestern Behavioral Healthcare, and Meals on Wheels of Central Indiana** will offer six American Society of Addiction Medicine (ASAM) Criteria 4th Edition Foundations Courses and one Skill Building Course across the state in 2025.

This 6-hour, live course is the recommended first step to understanding the ASAM Criteria 4th Edition and covers developing patient-centered service plans as well as making objective decisions about patient admission, continuing care, and transfer/discharge for individuals with addictive, substance-related, and co-occurring conditions.

The workshop content is based on information found in The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Fourth Edition and incorporates an opportunity for participants to practice applying the information through case-based activities. Learners will have the opportunity to ask the presenter questions in real-time, participate in polling questions, and break into small groups.

The ASAM Criteria Course can also serve as a bridge to the implementation of a provider credentialing program. Providers who have completed ASAM-approved training can gain the initial skill set to deliver care in compliance with The ASAM Criteria.

Each course will be held from 8:30 a.m. – 4 p.m. local time. Registration fee of \$25 will be collected by ASAM through their online system. Indianapolis trainings will be capped at 85 participants, while all others will be capped at 50. Lunch will be provided and included with registration for each training.



- **FSSA Quarterly Financial Meeting**

Wednesday, August 6th  
9:00am -3:35pm

More information can be found  
here: **FSSA Quarterly Financial  
Meeting - State of Indiana**

## WHAT YOU'LL LEARN

### ASAM Criteria 4th Edition Foundations Course

After participating in this course, learners will be able to:

- Employ the underlying principles and concepts of The ASAM 4th Edition Criteria.
- Identify key components of The ASAM Criteria 4th Edition and implement them into practice.
- Identify ASAM Criteria 4th Edition's continuum of care treatment levels and understand how integrated care is implemented within the different levels of care.
- Conduct The ASAM Criteria 4th Edition Level of Care Assessment and apply the Dimensional Admission Criteria to make level of care recommendations.
- Utilize The ASAM Criteria 4th Edition Treatment Planning Assessment to determine treatment priorities and guide treatment planning.

### ASAM 4th Edition Criteria Skill Building Course

After taking this course, learners will be able to:

- Conduct an ASAM Criteria Level of Care Assessment by evaluating risk across the dimensions, utilizing the Dimensional Admission Criteria and Dimensional Drivers to make the level of care recommendations
- Conduct an ASAM Criteria Treatment Planning Assessment to develop individualized treatment plans for persons with SUDs.
- Utilize continued stay and transition criteria to make evidence-based decisions in determining the appropriate level of care
- Examine implementation challenges and develop strategies to provide appropriate treatment for persons with SUDs

## Dates and Locations:

- **August 13, 2025 – Foundations – Indianapolis**  
Meals on Wheels Sol Center - [Details and Registration](#)
- **August 14, 2025 – Foundations – Indianapolis**  
Meals on Wheels Sol Center - [Details and Registration](#)
- **August 15, 2025 – Skill Building – Indianapolis**  
Meals on Wheels Sol Center - [Details and Registration](#)  
- *You must have taken 4th Ed. Foundations from asam to register for this skill building course*
- **September 11, 2025 – Foundations – Sellersburg**  
Ivy Tech - [Details and Registration](#)
- **September 12, 2025 – Foundations – Evansville**  
Welborn Conference Center - [Details and Registration](#)

**Each course will be held from 8:30 a.m. – 4 p.m. local time.**

*Register for all courses in ASAM's eLearning Center by clicking your course link above. You will need to create an ASAM account to register.*

Please reach out to our Member/Customer service team by email at [education@asam.org](mailto:education@asam.org) or by phone at 301-656-3920 if you have any questions or issues during the registration process!

For any questions for DMHA, please contact Mark Loggins: [mark.loggins@fssa.in.gov](mailto:mark.loggins@fssa.in.gov)

*Note: States and payers are adopting the 4th Edition at varying rates, and certain jurisdictions might still be in the process of implementing older versions of The ASAM Criteria textbook. If you're unsure whether you should complete the 3rd or 4th Edition ASAM Criteria Foundations course, we recommend reaching out to your employer for guidance.*



# ASAMeLearning

## Latest news

### Summary of H.R.1 Health Care Provisions

- **Prohibition on implementation of rule relating to eligibility and enrollment in Medicare Savings Programs (Section 71101).** Prohibits the HHS from implementing or enforcing amendments from the September 21, 2023, CMS final rule titled "Streamlining Medicaid; Medicare Savings Program Eligibility Determination and Enrollment". The moratorium is effective from the date of enactment until September 30, 2034.
- **Prohibition on implementation of rule relating to eligibility and enrollment for Medicaid, CHIP, and the Basic Health Program (Section 71102).** Prevents HHS from implementing or enforcing amendments from the April 2, 2024, CMS final rule titled "Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes." The moratorium is effective from the date of enactment until September 30, 2034.
- **Reducing duplicate enrollment under the Medicaid and CHIP programs (Section 71103).** Requires states to prevent individuals from being simultaneously enrolled in multiple state Medicaid or CHIP programs.
- **Ensuring deceased individuals do not remain enrolled (Section 71104).** Directs states to use federal death records to regularly remove deceased individuals from Medicaid and CHIP enrollment files.
- **Ensuring deceased providers do not remain enrolled (Section 71105).** Requires CMS to ensure that deceased providers are removed from the Medicaid program and that no payments are made to them.
- **Payment reduction related to certain erroneous excess payments under Medicaid (Section 71106).** Beginning FY 2030, the definition of "erroneous excess payments for medical assistance" under Medicaid is expanded to include:
  - Payments where insufficient information is available to confirm eligibility.
  - Payments (other than those related to ineligible individuals under existing clauses) for items and services provided to an individual not eligible for medical assistance under the state plan, or where insufficient information is available to confirm eligibility.
- **Eligibility redeterminations (Section 71107).** Beginning January 1, 2027, states are required to conduct Medicaid eligibility redeterminations every six months for individuals enrolled under the Medicaid expansion group or receiving equivalent minimum essential coverage under a waiver. Exemptions apply to individuals under 19, those entitled to or enrolled in Medicare, those in mandatory coverage groups, and individuals who were inmates in the prior three months. The Secretary must issue implementation guidance within 180 days of enactment.
- **Revising home equity limit for determining eligibility for long-term care services under the Medicaid program (Section 71108).** Allows states to set lower home equity limits when determining Medicaid eligibility for long-term services and supports. The intent is to give states more flexibility in setting the home equity limit for Medicaid long-term care eligibility, with a higher potential limit for non-agricultural properties. This could affect individuals with significant home equity who are seeking Medicaid coverage for nursing home care or home and community-based services.
- **Alien Medicaid eligibility (Section 71109).** Starting in FY 2027, individuals who are not citizens or nationals and do not fall into one of the exempted categories will not be eligible for federally funded Medicaid or CHIP. The exempted categories include:
  - o Lawfully admitted for permanent residence (LPRs)
  - o Individuals with Cuban and Haitian entrant status





- o Individuals lawfully residing under a Compact of Free Association (COFA)
- **Expansion FMAP for emergency Medicaid (Section 71110).** Beginning in FY 2027, the federal matching rate (FMAP) will be reduced for emergency Medicaid services provided to illegal immigrants. States will receive only their standard FMAP for emergency services to aliens who meet eligibility criteria for emergency Medicaid (i.e., low-income, but ineligible for full Medicaid due to immigration status). This includes illegal immigrants who qualify for Medicaid only for emergency medical conditions under §1903(v)(2).
- **Moratorium on implementation of rule relating to staffing standards for long-term care facilities under the Medicare and Medicaid programs (Section 71111).** Blocks HHS from implementing, administering or enforcing the federal staffing mandates for nursing homes through the end of FY 2034.
- **Reducing State Medicaid costs (Section 71112).** Starting in FY 2027, Medicaid and CHIP retroactive coverage window is shortened from 3 months down to:
  - 1 month for ACA expansion adults, and
  - 2 months for non-expansion beneficiaries, including CHIP enrollees.
- **Federal payments to prohibited entities (Section 71113).** Starting on the date of enactment, federal Medicaid funding is prohibited from going to entities that provide abortion services, with exceptions for rape, incest, or life endangerment. To be classified as a “prohibited entity” under this provision, an organization must meet all of the following criteria:
  - Tax-exempt nonprofit: The organization is a 501(c)(3) under the Internal Revenue Code.
  - Essential Community Provider (ECP): It is an ECP whose primary focus is on family planning, reproductive health, and related medical services.
  - Performs abortions: It provides abortion services, except in the following situations:
    - o The pregnancy is the result of rape or incest, or
    - o The woman’s life is in danger due to the pregnancy, as certified by a physician.
  - Medicaid volume threshold: The entity (or any of its

affiliates, subsidiaries, or clinics) received more than \$800,000 in Medicaid payments (federal and state combined) in FY 2023.

For one year following the bill’s enactment, no federal Medicaid funds (direct spending) may be used to pay a prohibited entity:

- Directly by the state,
- Through a managed care organization, or
- Via a Medicaid provider network.
- **Sunsetting increased FMAP incentive (Section 71114).** The temporary 5% enhanced FMAP provided to states that expanded Medicaid under the ACA ends on January 1, 2026. Any state that expands Medicaid beginning in 2026 or later will no longer receive the temporary enhanced match included in the American Rescue Plan.
- **Provider taxes (Section 71115).** This provision freezes provider taxes as of the date of enactment. From 2028 to 2032, the maximum permissible provider tax threshold will be reduced by .5% annually (from 6% to 3.5% of net patient revenue). Nursing homes and intermediate care facilities are excluded. For any new provider taxes, the “hold harmless threshold” is set at 0%. Non-expansion states will remain frozen at their provider tax rate as the date of enactment.
- **State directed payments (Section 71116).** Starting in 2028, certain Medicaid managed care SDPs will be phased down to Medicare payment levels. Some SDPs may be grandfathered and temporarily shielded from this reduction. Those grandfathered SDPs include payments for which:

- Written prior approval (or a good faith effort to obtain approval, as determined by the Secretary) was submitted:
  - o Before May 1, 2025, for any provider, or
  - o By the date of enactment, if the payment is for a rural hospital\*, or
- A completed preprint was submitted to CMS before the date of enactment, for the rating period within 180 days after enactment.
  - o Starting in the rating period on or after January 1, 2028, all payment amounts will be reduced by 10 percentage points per year until the total payment rate equals the Medicare rate for the service.

\*The term “rural hospital” means the following:

- o (A) A subsection (d) hospital (as defined in paragraph (1)(B) of section 1886(d)) that—
  - o (i) is located in a rural area (as defined in paragraph (2)(D) of such section);
  - o (ii) is treated as being located in a rural area pursuant to paragraph (8)(E) of such section; or
  - o (iii) is located in a rural census tract of a metropolitan statistical area (as determined under the most recent modification of the Goldsmith Modification, originally published in the Federal Register on February 27, 1992 (57 Fed. Reg. 6725)).
- o (B) A critical access hospital (as defined in section 1861(mm)(1)).
- o (C) A sole community hospital (as defined in section 1886(d)(5)(D)(iii)).
- o (D) A Medicare-dependent, small rural hospital (as defined in section 1886(d)(5)(G)(iv)).
- o (E) A low-volume hospital (as defined in section 1886(d)(12)(C)).
- o (F) A rural emergency hospital (as defined in section 1861(kkk)(2)).”

- **Requirements regarding waiver of uniform tax requirement for Medicaid provider tax (Section 71117).** Limits HHS authority to waive the “uniformity” requirement for provider taxes and increases transparency for waiver applications. It adds new definitions and restrictions that limit the use of waivers

for non-uniform provider taxes by specifying cases where a tax is not considered generally redistributive.

Specifically, a provider tax will be disqualified from waiver if:

- Medicaid-heavy providers pay a lower rate than others within the same class.
- Providers are taxed more on their Medicaid volume than on their non-Medicaid volume.
- The tax uses disguised definitions that have the same effect as the two points above (e.g., using terms like “government payers” instead of “Medicaid”).

This section is effective immediately upon enactment, but HHS may grant a transition period of up to 3 fiscal years.

- **Requiring budget neutrality for Medicaid demonstration projects under section 1115 (Section 71118).** Starting January 1, 2027, all Section 1115 demonstrations must maintain a strict budget neutrality requirement on all future Medicaid waivers.

Per the strict budget neutrality test:

- CMS cannot approve any new, amended, or renewed 1115 demonstration unless:
  - o The Chief Actuary of CMS certifies that the waiver will not increase federal Medicaid spending over what would otherwise be spent under the state’s regular Medicaid program.
- Applies even if the project covers the same populations or services in a different way or setting.
- o Baseline comparison:
  - If a state proposes to use a waiver to pay for services or populations it could have covered through its existing plan, those costs must be counted as part of the “without waiver” baseline.
  - This effectively narrows the ability of states to argue that waiver coverage of familiar populations or services is “new” or cost-neutral.

Restricts use of “savings” in future periods:

- If a state spends less than expected in one waiver period, CMS will establish a methodology for how

— or if — those savings can be used in future waiver renewals.

- **Requirement for States to establish Medicaid community engagement requirements for certain individuals (Section 71119).** Starting in 2027, states must require low-income adults without dependents to log 80 hours per month of work, volunteering, training, or education to qualify for Medicaid—unless they qualify for exemptions. The policy includes enforcement procedures, hardship protections, interim CMS rules, and a funding boost to help states adopt the mandate.

Exemptions Include: Pregnant/postpartum individuals, caregivers of young children, medically frail individuals, tribal members, institutionalized people, and those enrolled in Medicare. States can also apply hardship exemptions in certain situations like hospitalization or disaster recovery.

- **Modifying cost sharing requirements for certain expansion individuals under the Medicaid program (Section 71120).** Starting in FY 2028, states are required to impose cost sharing on Medicaid expansion adults with incomes above 100% FPL. While these individuals cannot be charged premiums, they must pay copayments or similar charges for certain services, with key protections:
  - Exemptions for primary care, behavioral health, and FQHCs;
  - Limits of \$35 per service and 5% of income per quarter;
  - Prescription drug caps consistent with existing law;
  - Flexibility for providers to waive charges.
- **Making certain adjustments to coverage of home or community-based services under Medicaid (Section 71121).** Expands flexibility for states to offer home and community-based services alternatives without needing full waiver approval. Starting July 2028, states can apply for new 1915(c) waivers that broaden access to home-based supports under clear guardrails:
  - No displacement of higher-need individuals,
  - Cost neutrality,
  - Needs-based eligibility tiers,

- Annual federal reporting, and
- Prohibitions on certain fringe benefit payments.
- **Limiting Medicare coverage of certain individuals (Section 71201).** Limits Medicare eligibility to U.S. citizens, lawful permanent residents, Cuban/Haitian entrants, and certain COFA residents. Those already enrolled but not meeting these criteria will be removed from the program 18 months after enactment, following a mandatory review and notification process by the Social Security Administration.
- **Temporary payment increase under the Medicare physician fee schedule to account for exceptional circumstances (Section 71202).** Provides a one-time, temporary 2.5% increase to Medicare physician payments under the Physician Fee Schedule (PFS) for calendar year 2026.
- **Expanding and clarifying the exclusion for orphan drugs under the Drug Price Negotiation Program (Section 71203).** Exempts more orphan drugs from Medicare drug price negotiation if they are approved for only one rare disease or condition. It also clarifies when drugs that lose orphan-only status become subject to price negotiation.
- **Permitting premium tax credit only for certain individuals (Section 71301).** Restricts ACA premium tax credits to a narrower group of immigrants (lawful permanent residents, Cuban/Haitian entrants, and COFA residents). Starting in 2027, groups will no longer qualify for premium tax credits:
  - DACA recipients (Deferred Action for Childhood Arrivals)
  - Temporary Protected Status (TPS) holders
  - Asylum applicants (pending adjudication)
  - Refugee applicants (before final approval)
  - Parolees (other than humanitarian parolees in qualifying categories)
  - Nonimmigrant visa holders, including:
    - Student visa holders (F-1, J-1)
    - Work visa holders (H-1B, L-1, O-1, etc.)
  - Victims of trafficking (T visas) and certain applicants for U or VAWA status (unless fully approved)
  - Withholding of removal grantees
  - Lawfully present immigrants in a grace period

between visas or pending adjustment of status

- **Disallowing premium tax credit during periods of Medicaid ineligibility due to alien status (Section 71302).** Beginning in 2026, lawfully present immigrants who are barred from Medicaid due to federal restrictions (like the 5-year bar for lawful permanent residents) will also be barred from receiving premium tax credits, unless they meet the new narrower eligibility criteria outlined in Section 71301.
- **Requiring verification of eligibility for premium tax credit (Section 71303).** Imposes new verification and compliance requirements on individuals and exchanges before premium tax credits can be claimed or advanced for coverage under the ACA.
- **Disallowing premium tax credit in case of certain coverage enrolled in during special enrollment period (Section 71304).** Starting in 2026, individuals who enroll in ACA marketplace coverage during certain special enrollment periods based solely on low income will no longer be eligible for premium tax credits. Specifically:
  - This restriction applies to SEPs offered by an Exchange that are triggered only by the individual's income level (e.g., being under 150% of the federal poverty line),
  - and not tied to a qualifying life event or change in circumstances, such as loss of other coverage, marriage, or childbirth.
- **Eliminating limitation on recapture of advance payment of premium tax credit (Section 71305).** Starting in 2026, individuals who receive advance payments of the premium tax credit through ACA marketplace coverage will be fully liable for repaying any excess credit they receive if their actual annual income turns out to be higher than initially projected. This provision eliminates the current income-based repayment caps for lower- and middle-income taxpayers. As a result:
  - All excess APTC must be repaid in full on the individual's federal tax return, regardless of income level.
  - This change could lead to significantly higher tax

liabilities for individuals with fluctuating incomes or who underestimate income when applying for subsidies.

The repeal is effective for tax years beginning after December 31, 2025, meaning the change applies to reconciliation of 2026 tax returns filed in 2027.

- **Permanent extension of safe harbor for absence of deductible for telehealth services (Section 71306).** Permanently extends the safe harbor that allows high-deductible health plans to provide first-dollar coverage for telehealth services without disqualifying individuals from contributing to a Health Savings Account, starting in 2025.
- **Allowance of bronze and catastrophic plans in connection with health savings accounts (Section 71307).** Permits individuals enrolled in ACA bronze or catastrophic plans to qualify for and contribute to health savings accounts starting in 2026.
- **Treatment of direct primary care service arrangements (Section 71308).** Starting in 2026, individuals who participate in Direct Primary Care (DPC) service arrangements may contribute to a Health Savings Account and treat those fees as qualified medical expenses for tax purposes—provided certain conditions are met.
- **Rural Health Transformation Program (Section 71401).** Establishes a new rural health demonstration program to support access to care, infrastructure, and workforce development in rural and underserved areas.
  - \$50 billion (\$10 billion each year over 5 years)
  - Rural Fund - 50% is equal to each state, 40% is by a formula, and 10% is discretionary
  - There is no matching fund requirement.
  - No more than 10% of the funds provided to states can be used for administrative expenses.
  - States must submit their application by Dec. 31, 2025
- Eligible Entities:
  - A hospital that is located in a rural area, or is treated as rural (there are specific definitions here), or is



located in a rural census tract of a MSA;

- A critical access hospital;
- A sole community hospital;
- A Medicare Dependent hospital;
- A low-volume hospital;
- A rural emergency hospital;
- A rural health clinic;
- A FQHC;
- A community mental health center
- A health center receiving a grant under section 330 of the Public Health Service Act;
- An opioid treatment program that is located in a rural census tract of a MSA; and
- A certified community behavioral health clinic that is located in a rural census tract of a MSA.

Amounts allotted to a State under this subsection shall be used for 3 or more of the following health-related activities:

- Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.
- Providing payments to health care providers for the provision of health care items or services, as specified by the Administrator.
- Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.
- Providing training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.
- Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.
- Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
- Assisting rural communities to right size their health care delivery systems by identifying needed

preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.

- Supporting access to opioid use disorder treatment services (as defined in section 1861(jjj)(1)), other substance use disorder treatment services, and mental health services.
- Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.
- Additional uses designed to promote sustainable access to high quality rural health care services, as determined by the Administrator.

### **Supreme Court Limits Ability of District Judges to Issue Nationwide Injunctions**

**On June 27, the Supreme Court of the United States effectively narrowed the scope of nationwide injunctions issued by federal district court judges such that they apply to only those individuals or organizations who have filed suit.**

While the primary issue in the case was the applicability of injunctions related to birthright citizenship, the ruling curbs the power of district judges to issue any injunctions blocking federal government policies on a national scale. The ruling did include a caveat that nationwide relief in lawsuits brought by state governments could still be applied in some cases as it may be necessary to achieve “complete relief” for states.

While the specific impacts of the ruling, 6 – 3 along ideological lines, to existing injunctions are not yet clear, the case could have significant implications. District court injunctions on issues like federal funding claw backs or freezes that have been applied nationwide may now be limited only to states or other parties to the case at hand.

## SAMHSA Program to Advance Recovery Knowledge Webinar Series

Join the **SAMHSA Program to Advance Recovery Knowledge (SPARK)** initiative this summer for a webinar series for behavioral health professionals and providers working in recovery and peer-run organizations. You are welcome to attend any or all events.

To register, click on the links below:

### Financing Models and Federal Resources for Enhancing and Sustaining Peer-Run and Recovery Organizations

Thursday, July 24, 2–3:30 p.m. ET

[Click here to register](#)

This webinar will provide practical strategies for implementing braided funding and innovative payment models to support peer-run organizations. Expert panelists will discuss the benefits and challenges of value-based payment and braided funding, highlighting the unique opportunities for peer-run community organizations to leverage these models to provide more comprehensive and coordinated care. The event will equip attendees with the knowledge and resources to secure sustainable funding and improve the delivery of peer recovery support and crisis respite services.

### Employment Supports:

#### Advancing Opportunities for Recovery

Thursday, July 31, 2–3:30 p.m. ET

[Click here to register](#)

This webinar will explore the critical role of employment in the recovery journey for persons with lived and living experience receiving behavioral health services. Participants will learn about effective strategies and evidence-based practices for supporting individuals in securing and maintaining meaningful employment, including individualized career planning and skill-building, workplace accommodations, therapeutic interventions, peer support, and community partnerships. Participants will gain actionable tools to enhance employment support services, ultimately empowering individuals to increase their recovery capital, achieve financial stability, promote social connectedness, and foster long-term recovery.



### Intergenerational Family Substance Misuse & Recovery

Thursday, August 7, 2–3:30 p.m. ET

[Click here to register](#)

This webinar will focus on intergenerational family engagement in recovery efforts. Participants will explore the complexity of intergenerational substance misuse, practical approaches to enhance family member engagement in their own recovery practices, promote resilience, and address the unique challenges families face when caring for loved ones who may be actively misusing substances or in recovery. This session emphasizes the importance of recovery-oriented practices that prioritize family well-being and access to supports. By attending, participants will gain actionable strategies to foster collaboration, improve outcomes for families and individuals in recovery, and build stronger, more connected support networks.

### Science of Addiction and Recovery—

#### A Father's Perspective

Thursday, August 14, 2–3:30 p.m. ET

[Click here to register](#)

This session explores the science of opioid addiction and withdrawal for direct service providers, equipping them with knowledge to better support fathers in recovery. The session is presented from a “user” perspective by fathers in recovery. It will provide an accessible and easy to understand evidence-based look at how addiction impacts the brain and hijacks the reward system, the challenges of withdrawal and long-term abstinence for persons with opioid use disorder (OUD), the impact of subcultures and stigma on treatment and recovery, and the role of trauma and mental health in sustained recovery.

For more info and to ask questions, [email SPARK](#).

## RFK Jr. Says Insurers to Cut Red Tape on Prior Authorizations

On June 23, Health and Human Services (HHS) Secretary Robert F. Kennedy Jr. and Centers for Medicare and Medicaid Services (CMS) Administrator Dr. Mehmet Oz convened a roundtable with insurance industry leaders to **discuss their pledge to improve the prior authorization processes** for Medicare Advantage, Medicaid Managed Care, Health Insurance Marketplace and commercial plans. **Secretary Kennedy said the insurers, whose plans collectively cover nearly 80% of Americans, agreed to take steps** to improve the prior authorization process for common services such as diagnostic imaging, physical therapy and outpatient surgery. "Americans shouldn't have to negotiate with their insurer to get the care they need," Kennedy said.

Participating health insurers have pledged to:

- Standardize electronic prior authorization submissions using Fast Healthcare Interoperability Resources (FHIR®)-based application programming interfaces.
- Reduce the volume of medical services subject to prior authorization by Jan. 1, 2026.
- Honor existing authorizations during insurance transitions to ensure continuity of care.
- Enhance transparency and communication around authorization decisions and appeals.
- Expand real-time responses to minimize delays in care, with real-time approvals for most requests by 2027.
- Ensure medical professionals review all clinical denials.

## CMS Finalizes ACA Marketplace Changes

On June 20, CMS issued the **Marketplace Integrity and Affordability final rule**, which provides for changes to standards for health insurance marketplaces as well as issuers, brokers and agents of Affordable Care Act (ACA) coverage. The final rule includes changes that tighten eligibility verification, reinstate stricter enrollment requirements and revise income determination processes. In this rule, CMS is also finalizing its proposal to remove

Deferred Action for Childhood Arrivals (DACA) recipients from marketplace and **Basic Health Program** eligibility. This rule is effective Aug. 25, 2025. Notably, some of these changes will apply only to plan year 2026. Read the **final rule** and **press release**.

## Elsewhere...

- CMS has released revisions regarding its **Medicare and Mental Health Coverage and Substance Use Screenings and Treatment**

## Fraud Defense Operations Center: Permanent Launch and Pilot Fact Sheet

**CMS is making the Fraud Defense Operations Center (FDOC) pilot a permanent approach to crush fraud.**

Following a successful pilot that saved \$105M thus far, the FDOC seeks to integrate cross-functional expertise through a specialized team of data analysts, investigators, health policy experts, legal advisors, and law enforcement. The pilot ended is now becoming permanent.

CMS is committed to crushing fraud, waste, and abuse to protect Americans enrolled in our programs from being victimized by healthcare fraud. The FDOC will assist the Agency to take swift action to take down bad actors, prevent payments from going to criminal operatives, and change wasteful or abusive policies.

From just March 31 - May 1, 2025, the pilot saved \$105M, and will continue to help quickly identify and end fraud, waste, and abuse. This work will help detect, stop, and prevent fraud, waste, and abuse; safeguard Americans; protect taxpayer dollars; and leverage technology to stay ahead of bad actors. To learn more, **view the newly released fact sheet on the pilot's achievements.**

Join us and stay up to date on the progress to crush fraud by visiting our website at **[cms.gov/fraud](https://cms.gov/fraud)**.



**NOTICE OF FUNDING OPPORTUNITY:****Hepatitis C Elimination Initiative Pilot**

**The Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), is announcing the notice of a funding opportunity (NOFO) for a new Hepatitis C Elimination Initiative Pilot. SAMHSA estimates awarding between 13 to 40 grants.**

This grant will be up to three years and the amount funded will be based on a tier system explained in the NOFO.

**Applications are due no later than August 1, 2025.**

The purpose of Hepatitis C Elimination Initiative Pilot is to leverage existing health care institutions' capacity to prevent, test for, treat, and cure Hepatitis C (HCV) in individuals with substance use disorder (SUD) and/or severe mental illness (SMI), particularly in communities severely affected by homelessness and to gain insights on effective ways to identify patients, complete treatment and reduce reinfection. Recipients of this program are expected to implement a holistic approach that integrates HCV and HIV testing and comprehensive prevention treatment, and recovery support services for SUD, SMI, hepatitis C, and HIV as needed. Through this initiative, SAMHSA aims to increase the number of individuals who are cured of HCV, reduce the incidence of HCV and HIV in grant funded communities, and help to address the intersection of SUD, SMI, infectious disease, and homelessness in high-need populations across the nation.

**The NOFO and application details can be found at the following websites:**

SAMHSA: <https://www.samhsa.gov/grants/grant-announcements/ti-25-005>

Grants.gov: <https://grants.gov/search-results-detail/360031>

**This is a unique opportunity for some Certified Community Behavioral Health Center (CCBHCs).**

Many CCBHCs may have the infrastructure to support this grant and may find this pilot to be aligned with their CCBHC programming.

To prepare and submit an application for the Hepatitis C Elimination Initiative Pilot, it is essential to refer to the specific Notice of Funding Opportunity (NOFO) and the FY 2025 NOFO Application Guide. The Application Guide provides detailed instructions on the application process, including registration requirements, attachment completion, budget preparation, and adherence to federal policies and regulations.

SAMHSA requires applicants to download application forms from Grants.gov and may need additional forms from the SAMHSA website. It is crucial to ensure that all required forms are completed and included in the application. Incomplete applications without all the necessary forms may be deemed ineligible for review.





Zoe Frantz & Dr. Carrie Cadwell, CEO 4C Health



Please help us congratulate **4C Health Winamac** on their 50th Anniversary Celebration! It was great to celebrate 50 years and their commitment to treating those with mental health and substance use needs in rural communities.



Dr. Carrie Cadwell & Staff



Zoe with 4C Staff!

## Southwestern Behavioral Healthcare Welcomes New Addiction Medicine Doctor to Stepping Stone

**Southwestern Behavioral Healthcare** is proud to announce the addition of Dr. Datt to our team at **Stepping Stone**, our addiction recovery center located in Evansville.

Originally from Skokie, Illinois, Dr. Datt brings a wealth of knowledge and a compassionate, patient-centered approach to addiction medicine. He earned his bachelor's degree from Eastern Illinois University and went on to receive his medical degree from Caribbean Medical University in Curaçao. Dr. Datt completed his family medicine residency at Mercy Health – St. Vincent Medical Center in Toledo, Ohio, and was honored as the inaugural fellow in addiction medicine at the University of Texas Health Science Center at San Antonio.

Dr. Datt specializes in medication-assisted treatment and is committed to a holistic approach to care—

addressing the physical, emotional, and psychological aspects of recovery. His expertise and dedication will be instrumental in helping individuals on their journey to healing and long-term wellness.

Please join us in welcoming Dr. Datt to Southwestern Behavioral Healthcare and as a reminder, Stepping Stone can serve individuals across the entire state of Indiana. To refer clients, call 812-473-3144 or visit [southwestern.org](https://southwestern.org).



## Child & Adolescent Committee

The Children & Adolescents (C&A) Committee has been focused on finalizing preparations for the upcoming summer conference. Additionally, the committee is working through updates related to Wraparound programming following a recent presentation from DMHA. In addition, Jamie Devine, Court Improvement Program Administrator with the Indiana Supreme Court, also presented on the Court Improvement Program, providing valuable insights into its initiatives and impact.

### CFO

- 1) Possible changes for salary cap requirements from state. Possibility PTO will be removed. Pushing for Med director splits be 51/49 instead of 75/25. 7/1/25-12/31/25 cap is 200K or below, then will get on an annual 400K basis after that.
- 2) Discussed CCBHC applications for CMHC's applying for status. Traded issues and processes used by current demo sites. Also, the understanding that it's state preference to not have multiple CCBHC's covering one county. There were varying understandings on this.
- 3) Still waiting on multiple questions submitted to the state, including are we rebasing after year 1? Will demos have one rate for expansion counties and one rate for their current counties?

## Data Committee

Led by Ron Guidotti, Chair

The top 3 objectives of Data Analytics remains:

1. Data Governance Frameworks for the Indiana Council and each agency
2. Data Advocacy for all Agencies and Partners

### 3. Advancement of Data Sharing

As such, we are pursuing implementation of a population health data tool for Indiana Council Members. The July Data Analytics Committee meeting featured a demo presentation of Azara DRVS. Please reach out to Nancy Henry at [nhenry@indianacouncil.org](mailto:nhenry@indianacouncil.org) for recording, or members can access the recording by logging into the members only area on our website

<https://indianacouncil.solutionize.com/>

[rguidotti@porterstarke.org](mailto:rguidotti@porterstarke.org)

[nhenry@indianacouncil.org](mailto:nhenry@indianacouncil.org)

## Quality Improvement Committee

**The QI Committee continues to work toward decreasing administrative burden and sharing resources for system improvements for Council members.** A special meeting with DMHA and the QI Committee regarding DMHA portal issues took place June 18th.

Centers have been scheduling one-to-one meetings with DMHA to work through issues for their respective centers; and communication has improved with DMHA on this front.

As a reminder, the QI Committee meets monthly at 10am EST the first Thursday of each month.

### QI committee contacts:

[michelle.baker@aspireindiana.org](mailto:michelle.baker@aspireindiana.org)

[emily.neufeld@oaklawn.org](mailto:emily.neufeld@oaklawn.org)

[nhenry@indianacouncil.org](mailto:nhenry@indianacouncil.org)



## Grant update with Andy Zellers



As we reach the midpoint of summer Indiana Council continues to process grant claims and seek new opportunities.

[Click here to Contact Andy](#)

The group home grant projects are ongoing, and we look forward to sharing the progress and impact of this funding.

The Q1 bridge grant claim has been made, and we await funds. We are working to get new contract amendments out to the 16 non-CCBHC Demo Sites and expect those to be sent soon.

Indiana Council continues to receive enrollment forms for the **Humana Grant/Boston University Grant**, and we look forward to sharing some success stories and results in the next newsletter as the first group of enrollees complete coursework.

We hope everyone is enjoying a wonderful summer!

### Andy Zellers

Grant Administrator and Policy & Research Analyst  
(812)204-1798

[azellers@indianacouncil.org](mailto:azellers@indianacouncil.org)

## REL Committee

The REL Committee is undergoing some changes. Dr. Gina Forrest from Aspire Health is the new Committee Chairperson- welcome to the role, Dr. Gina! A big thank you to Cedalia Ellis and Letecia Timmel as outgoing Co-chairs for their leadership and great work! Please note: There will be a brief hiatus of the quarterly Connect Hub Presentations during this transition period - the July Connect Hub is cancelled. Presentations will commence again this fall so please stay tuned for details!

[gina.forrest@aspireindiana.org](mailto:gina.forrest@aspireindiana.org)

[nhenry@indianacouncil.org](mailto:nhenry@indianacouncil.org)

### Reimagining the REL Committee – With You in Mind!

The REL Committee is undergoing an exciting transformation! We're working to grow our membership, better align our efforts with what you want, and ensure our meetings are meaningful and energizing.

We also want your voice to shape what comes next—especially when it comes to Connect Hub topics. What do you want to learn about? What would make your experience more valuable?

Let us know—we're listening!

Email [Dr Gina at Aspire Indiana Health](mailto:Dr Gina at Aspire Indiana Health).





- 1 Kicking off our Summer conference in Fort Wayne with our committee meetings! We love seeing our committees grow and have more members involved when we are in person!
- 2 Indiana Council staff (Denise Wade, Lee Ann Jordan & Sydney Moulton) enjoying the Fort Wayne sunset!
- 3 DMHA Director Sarah Sailors providing crucial updates on Child and Adolescent Related DMHA Updates and Addressing High Acuity Youth at our Summer conference. We are grateful for her leadership.
- 4 Thank you to new DCS Director, Adam Krupp for taking the time to introduce himself to the Indiana Council members
- 5 Thank you to **HOSA** (Health Occupations Students of America) Director, Eddie Erickson and current HOSA student leaders for discussing the impact HOSA can have in our communities!







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**6,7** Our very own Denise Wade threw out the first pitch at the Fort Wayne Tin Caps game on Thursday! We had a lot of fun watching Denise perform in front of a large crowd, and she did great! It must have been the practicing she did beforehand!

**8** Indiana Council staff having a great time at the Fort Wayne Tin Caps game! Thank you to ISC for sponsoring the event for Council members! (Nancy Henry, Zoe Frantz, Sydney Moulton, Lee Ann Jordan, Denise Wade & Andy Zellers)

**9** Friday Business meeting was a success! Thank you to all of our members for having the discussions and putting in the work to make our Summer Conference a success! We couldn't do it without you!



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## **A HUGE THANK YOU To Our Conference Sponsors, Vendors & Partners!**

ISC	Blue & Company	Gravity Diagnostics	MD Wise
Eleos	Bowling Business	Humana Healthy	Molina Healthcare
NextGen	Strategies	Horizons in Indiana	Qualifacts Systems
Videra Health	Cantata	Indivior	Streamline Healthcare
Amundsen Davis	CareSource	InteCare	United HealthCare
Azara	5/3 Bank	Marsh McLennan Agency	Xferall
	Genoa Healthcare		



## Strategic Planning Meeting

We met with our board & Kristin Woodlock in June to do our strategic planning meeting which went well. Planning & discussing the plans for the Council for the next few years to come.



## IPHCA & Indiana Council in uncharted waters!

We joined IPHCA in June for a “Navigating the Waters in times of change” which was very successful. It is great to have a strong membership that works so well together!





**Community Hospital held their first BHA provider and University symposium in June.** There was a great turn out (around 80 partners attended). All Provider & University sites were represented for the two days of training and collaboration. The feedback Community received was positive and felt it was very worthwhile to strengthen the Provider and University relationships.

Also, Community is close to launching their Youth and Family Track, with some very positive meetings with the Universities and strong commitments of participation. They've had initial partner sites express interest and offer support to take students. Most exciting, have been the donor meetings to help seed the launch. *More info to come!*



#### Pictures on page 30:

- 1 Zoe Frantz & Kristin Woodlock kicking off our strategic planning day with our wonderful staff & board of directors. Thank you all for a great day!
- 2 A HUGE THANK YOU to our board for their invaluable support and guidance in helping shape our strategic plan. Your partnership is truly appreciated!
- 3 Thank you to our Indiana Council staff for assisting the board and making the day successful!
- 4 Kristin Woodlock helped kick off our "Navigating Uncharted Waters" event with IPHCA.
- 5 Thank you to our Federal lobbyist John Williams with Hall & Render for sharing his insights on behavioral healthcare at the federal level.
- 6 IPHCA & Indiana Council members in attendance!
- 7 Thank you to our staff at Indiana Council and the staff at IPHCA for making this a successful event!





## Our Providers - Serving all 92 Indiana Counties

Indiana Council of Community Mental Health Centers, Inc.

P.O. Box 875, Carmel, IN 46082 (317) 684-3684

[indianacouncil.org](http://indianacouncil.org)

• Numbers show head office locations. • Click provider logos to visit their sites

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**1 Adult & Child**  
603 E. Washington St. – 9th Floor,  
Indianapolis IN 46204  
Designated in: **MARION, JOHNSON**
- 

**2 Aspire Indiana Health, Inc.**  
9615 E. 148th St., Noblesville, IN 46060  
Designated in: **BOONE, HAMILTON, MADISON, MARION**  
Also serving: **GRANT**
- 

**3 Bowen Health**  
2621 E Jefferson St, Warsaw, IN 46580  
Designated in: **HUNTINGTON, KOSCIUSKO, MARSHALL, WABASH, WHITLEY** Also serving: **ALLEN, DEKALB, , LAGRANGE, NOBLE, STEUBEN**
- 

**4 Centerstone of Indiana, Inc.**  
645 S. Rogers Street, Bloomington, IN 47403  
Designated in: **BARTHOLOMEW, BROWN, DECATUR, FAYETTE, JACKSON, JEFFERSON, JENNINGS, LAWRENCE, MONROE, MORGAN, OWEN, RANDOLPH, RUSH, UNION, WAYNE**  
Also serving: **CLARK, DELAWARE, HENRY, JOHNSON, MARION, PUTNAM, SCOTT**
- 

**5 Community Fairbanks Behavioral Health**  
8180 Clearvista Pkwy, Indianapolis, IN 46256  
Designated in: **MARION, HANCOCK, SHELBY**  
Also serving: **MADISON, JOHNSON**
- 

**6 Community Fairbanks Behavioral Health – Howard**  
322 N. Main St, Kokomo, IN 46901  
Designated in: **CLINTON, HOWARD, TIPTON**
- 

**7 Cummins Behavioral Health Systems, Inc.**  
6655 East US 36, Avon IN 46123  
Designated in: **HENDRICKS, PUTNAM**  
Also serving: **BOONE, MONTGOMERY, MARION**
- 

**8 Edgewater Systems for Balanced Living, Inc.**  
1100 West Sixth Avenue, Gary IN 46402  
Designated in: **LAKE** Also serving: **PORTER, LAPORTE**
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**9 Family Health Center**  
515 Bayou Street, Vincennes IN 47591  
Designated in: **DAVISS, KNOX, MARTIN, PIKE**
- 

**10 4C Health**  
401 E. 8th Street, Rochester, IN 46975  
Designated in: **CASS, FULTON, MIAMI, PULASKI**  
Also serving: **CARROLL, CLINTON, GRANT, MARSHALL, TIPPECANOE, WABASH HOWARD, TIPTON, WHITE**
- 

**11 Hamilton Center, Inc.**  
620 Eighth Avenue, Terre Haute IN 47804  
Designated in: **CLAY, GREENE, PARKE, SULLIVAN, VERMILLION, VIGO**  
Also serving: **HENDRICKS, MARION, OWEN, PUTNAM**
- 

**12 INcompass Healthcare**  
285 Bielby Road, Lawrenceburg IN 47025  
Designated in: **DEARBORN, FRANKLIN, OHIO, RIPLEY, SWITZERLAND** Also serving: **DECATUR, FAYETTE, HENRY, JEFFERSON, JENNINGS, RUSH, SCOTT, UNION, WAYNE**
- 

**13 LifeSpring Health Systems**  
460 Spring Street, Jeffersonville IN 47130  
Designated in: **CLARK , CRAWFORD, DUBOIS, FLOYD, HARRISON, JEFFERSON, ORANGE, PERRY, SCOTT, SPENCER, WASHINGTON**
- 

**14 Meridian Health Services**  
240 N. Tillotson Avenue, Muncie IN 47304  
Designated in: **DELAWARE, HENRY, JAY**  
Also serving: **ALLEN, FAYETTE, HOWARD, LAPORTE, MADISON, MARION, RANDOLPH, RUSH, ST. JOSEPH, TIPPECANOE, WAYNE**
- 

**15 Northeastern Center, Inc.**  
220 South Main Street, Kendallville IN 46755  
Designated in: **DEKALB, LAGRANGE, NOBLE, STEUBEN**
- 

**16 Oaklawn Psychiatric Center, Inc.**  
330 Lakeview Drive, Goshen IN 46527  
Designated in: **ELKHART, ST. JOSEPH**
- 

**17 Park Center**  
909 East State Boulevard, Fort Wayne IN 46805  
Designated in: **ADAMS, ALLEN, WELLS**  
Also serving: **HUNTINGTON, WHITLEY**
- 

**18 Porter-Starke Services**  
601 Wall Street, Valparaiso IN 46383  
Designated in: **PORTER & STARKE**
- 

**19 Radiant Health**  
505 N. Wabash Avenue, Marion IN 46952  
Designated in: **GRANT, BLACKFORD**
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**20 Regional Health Systems**  
8555 Taft Street, Merrillville, IN 46410  
Designated in: **LAKE**
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**21 Sandra Eskenazi Mental Health Center**  
720 Eskenazi Avenue, Indianapolis IN 46202  
Designated in: **MARION**
- 

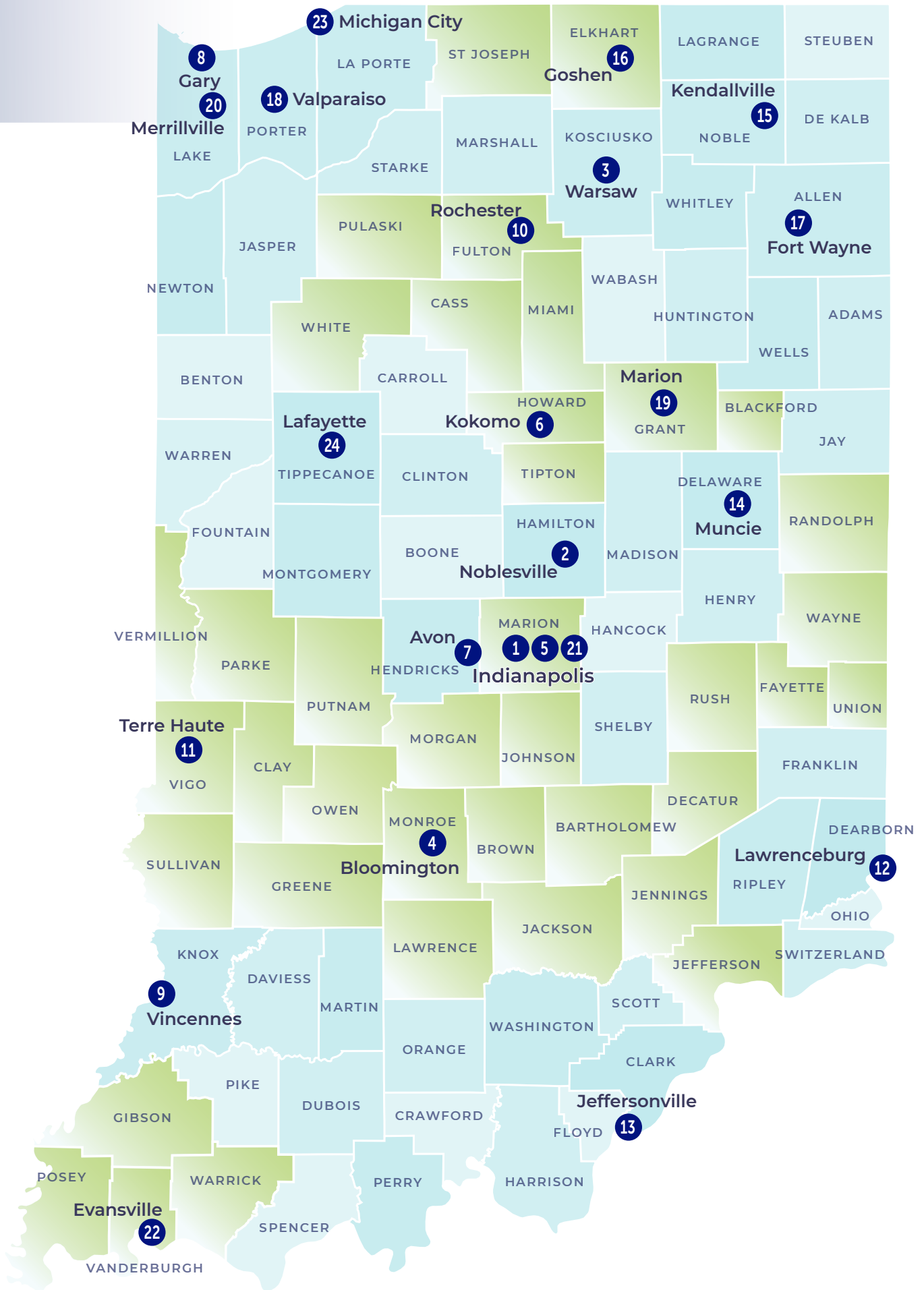
**22 Southwestern Behavioral Healthcare, Inc.**  
415 Mulberry Street, Evansville IN 47713  
Designated in: **GIBSON, POSEY, VANDERBURGH, WARRICK**
- 

**23 Swanson Center**  
7224 W. 400 N., Michigan City IN 46360  
Designated in: **LAPORTE**
- 

**24 Valley Oaks**  
415 N. 26th Street, Lafayette, IN 47904  
Designated in: **BENTON, CARROLL, FOUNTAIN, JASPER, MONTGOMERY, NEWTON, TIPPECANOE, WARREN, WHITE**
- CCBHC DEMO** indicates provider is a designated CCBHC demonstration site in the counties shown

[>> Click here to view provider details on our site](#)







## Cup of Joe with Zoe

Half hour State leader meet and greet with our members and partners. Second Tuesday of every month at 8:30am EST via Zoom.

>> [Click here for Zoom link](#)

Meeting ID: 210-953-5684

Password: ICCMHC



## 2025 dates

August  
12

September  
9

October  
14

November  
11

December  
9

### DID YOU KNOW? -

You can watch past Cup of Joe meetings on YouTube -

[Click here to subscribe!](#)

## UPCOMING EVENTS



### Fall Quarterly Meeting

October 15-17, Hilton Garden Inn, Bloomington

CCBHC Focus – We are looking for partners & sponsors for Bloomington!

Contact Denise Wade – [dwade@indianacouncil.org](mailto:dwade@indianacouncil.org) – for more information.

### Federal Hill Day

Join us in DC!

Monday October 6 –

Wednesday October 8

### State Hill Day

Join us for our State Hill Day

Tuesday, February 17, 2026

For further information on any of these events please contact [LeeAnn Jordan](#)

[Click here to visit our events pages](#)