

Indiana Council of Community Mental Health Centers, Inc.

2010 Legislative Public Policy Platform

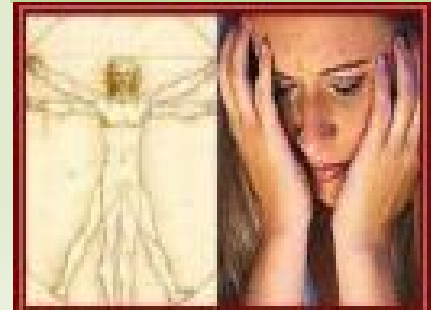
The Indiana Council of Community Mental Health Centers (ICCMHC) is a trade organization formed in 1976 for the betterment of Community Mental Health Centers operating in the State of Indiana. One of the ICCMHC's goals is advocacy for public policy issues that impact the membership. Advocacy initiatives are directed at both the legislative and administrative branches of government.

The following Legislative and Public Policy Platform is developed annually by the ICCMHC Policy Committee and approved by the Council Board of Directors and Membership at our annual meeting. The platform provides the framework for the issues that will be advocated in the coming year to promote the needs of the membership in order to improve the lives of the patients and consumers we serve.

Ensure a continuation of patient services

Position: *It is imperative that chronically mentally ill patients who are maintained by Community Mental Health Centers continue to receive Medicaid Rehabilitation Option (MRO) services at current levels until alternate funding sources are established*

The FSSA/Division of Mental Health and Addiction is currently undertaking an extensive examination of current Medicaid Rehabilitation Option (MRO) utilization practices in an effort to redirect existing resources towards other types of federal Medicaid programs and state funding options for behavioral health. Uncertainty continues to exist as to the specific impact these changes will have on patients. It is imperative that CMHC patients who need certain MRO services continue to receive them until alternate funding sources have been established. Deviation from current services put the state at risk for increased costs due to the potential need for increased incarceration and uncompensated emergency room expenses. Any state match funding saved as a result of these changes should continue to be available for use at the Community Mental Health Center as long as it is consistent with the continuum of care. The proposed program should not be implemented until such time as the true impact of the changes has been determined and the approval of new or existing Federal waivers to accommodate the potential loss of patient services is completed.



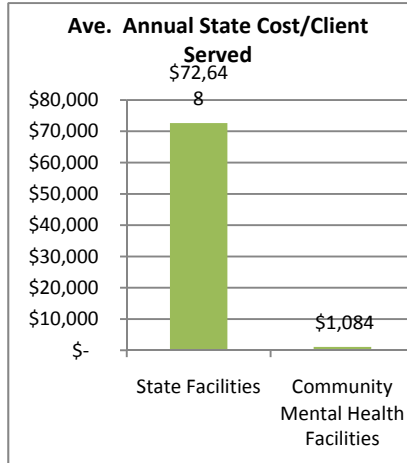
FAST FACTS

Did you know that Community Mental Health Centers in Indiana:

- Treat over 122,000 individual Hoosier Assurance Plan patients on an annual basis.
- Employ over 8,600 individuals throughout Indiana and contribute over \$425 million to local economies through salaries and compensation.
- Provide services in every County in Indiana, ensuring critical access to mental health services to all eligible citizens.
- Utilize over \$259 million in Medicaid Rehabilitation Option funds, supported by over \$132 million in available state funds and \$33 million in available county funds.
- Reduce hospital stays and incarceration costs by providing a continuum of care within their communities.
- Provide millions of dollars in uncompensated to patients with no or inadequate payor sources.
- CMHCs are the only providers of Medicaid Services in the state required to help pay the federally required state "match".
- CMHCs were essential to the State of Indiana upon its decision to close state based mental health institutions by allowing patients to continue to receive services in a community based setting and thereby saving the state millions of dollars.

Improve the Medicaid Eligibility Process

Position: The ICCMHC supports legislation that would allow those individuals already covered under SSI to receive expedited OMPP approval for Medicaid under a “presumptive eligibility or deemed status” process.



Community Mental Health Centers in Indiana treat the most vulnerable patients and act as the safety net provider for those with behavioral health conditions. As a result, challenges exist related to the ability to receive Medicaid services when patients receive denied or delayed eligible services covered under Medicaid. Due to the specific challenges of the patients we serve, ensuring that all documentation and required filings occur according to the prescribed processes under the Indiana Medicaid Modernization program process can be challenging and results in patient receiving service delays. Under current federal guidelines, many individuals with serious mental illness are already approved under the federal supplemental security income (SSI) program. As a result, the Indiana Council supports legislation that would allow those individuals already covered under SSI to receive automatic approval for Medicaid assistance under a “presumptive eligibility” or “deemed status” process. This will allow patients the ability to receive services in a timely manner, while continuing the process of formally establishing eligibility under the Medicaid Program.

“Community mental health in Indiana has been a critical link to the State of Indiana in reducing reliance on state based mental health services so that services are provided in a community based setting with an emphasis on recovery. This approach has saved the state millions of dollars in additional expenditures.”

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Restoration of Community Mental Health State Funds

Position: The ICCMHC supports a restoration of CMHC funding to at least 2008-2009 levels.

Community Mental Health Center state funding was reduced in the 2010-2011 State Biennial Budget due to budget constraints. Funding levels for CMHCs were reduced by three percent (3%) over funding provided in the previous state budget. CMHCs are benefitting from the current stimulus funds provided under the ARRA. Those additional federal funds are expected to expire on December, 2010. As a result, once additional federal funds provided under the ARRA expire, CMHCs will be left with reduced funding at a time when the need for client services is increasing. By ensuring that adequate funding exists in the behavioral health system, CMHCs are able to provide critical services to patients, while reducing other costs to the State, such as; incarceration and uninsured emergency room visits. The Indiana Council supports a restoration of CMHC funding to at least a level not below provided for in the previous biennial budget. For every state dollar provided to a CMHCs, due to federal leveraging ability, CMHCs are able to receive an additional three (\$3) in Medicaid dollars. This leveraging allows CMHC the ability to provide a wider range of client services and reduces potentially higher costs to the State of Indiana.

Primary and Behavioral Healthcare Integration

Position: The ICCMHC supports legislation that would require FSSA/OMPP to accept integrated service billings regardless of treatment setting.

Current trends in healthcare reform include provisions that encourage the integration of primary and behavioral healthcare. Increasing levels of medical research show enhanced patient benefit from a coordination between the two treatment modalities. As a result, federal programs are providing incentives to support coordination of services between primary and behavioral healthcare. Consequently, state Medicaid programs should be developed to ensure that the coordination of benefits between primary and behavioral healthcare exists. Current billing codes within the state Medicaid program do not allow for certain types of reimbursement which limits provider-based incentives for integration activities. The Council supports legislation that would require that by a certain date FSSA/OMPP must accommodate this integration by accepting billings from any qualified provider regardless of whether the treatment occurs in a primary or behavioral healthcare setting.