



# Transforming Indiana's Behavioral Health System: 988 and CCBHC (Certified Community Behavioral Health Clinics)

## Indiana Family and Social Services Administration

Office of Medicaid Policy and Planning  
Division of Mental Health and Addiction

**Jenny Roberts**

Provider Relations Specialist,  
OMPP

**Trevor Rhoad**

Provider Relations Specialist,  
OMPP

**Ari Nassiri**

Director of Behavioral Health  
Integration DMHA,  
DMHA

**Lana Lipe**

Assistant Director of Suicide  
Prevention and Crisis Response,  
DMHA

# Agenda

- Acronyms
- Indiana's Crisis Response System (988)
- Indiana's CCBHC Demonstration
- Reimbursement Structure
- OMPP's Resources
- Questions?



# Acronyms

- Family and Social Services Administration (FSSA)
- Office of Medicaid Policy and Planning (OMPP)
- Indiana Health Coverage Programs (IHCP)
- Certified Community Behavioral Health Clinics (CCBHCs)
- Division of Mental Health and Addiction (DMHA)
- Mobile Crisis Teams (MCTs)
- Crisis Stabilization Units (CSUs)
- Prospective Payment System (PPS)





# Indiana's Crisis Response System (988)

# Indiana's Crisis Response System

## Pillar 1: Someone to Contact



A collaborative network of 988 centers respond to every call, chat, and text in a standardized and informed manner to resolve crises



## Pillar 2: Someone to Respond



Mobile Crisis Teams (MCTs) are stationed across Indiana, ready to be dispatched by 988 centers for individuals who need in-person support



## Pillar 3: Somewhere to Go



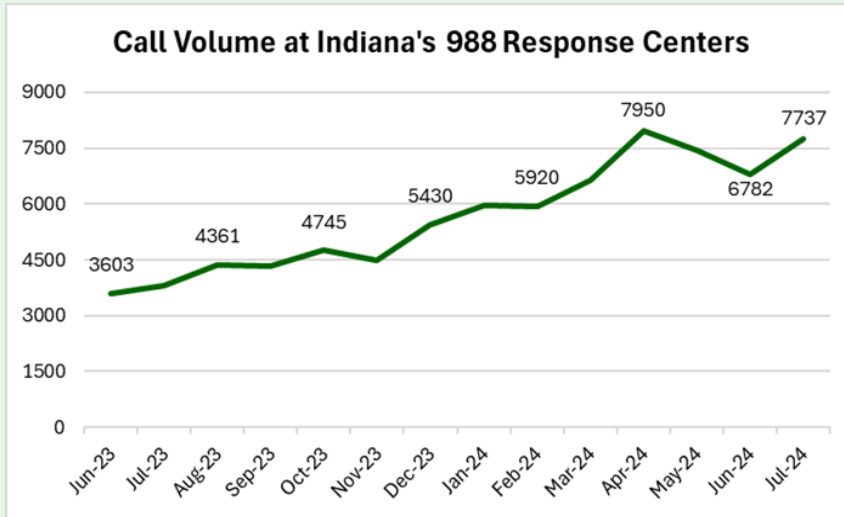
Crisis Stabilization Units (CSUs) across the State are open to receive individuals whose crises cannot be resolved over the phone or by an MCT



The Crisis Response Pillars, an **integral part of the future state of CCBHC**, are the most costly and underdeveloped portion of CCBHC. They are in need of the most direct to provider funding support during the transition to CCBHC.

# 988 Crisis Response System Updates: **Pillar 1**

## Someone to Call Successes



## What's next:

**988/911 Interoperability**



**911 + First Responders**

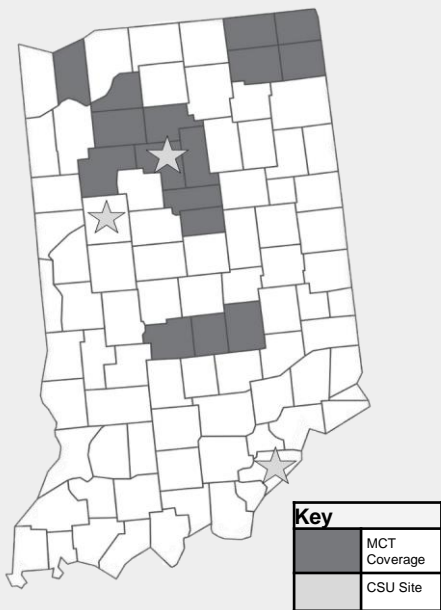
**Inter-pillar Collaboration**

**State Infrastructure**

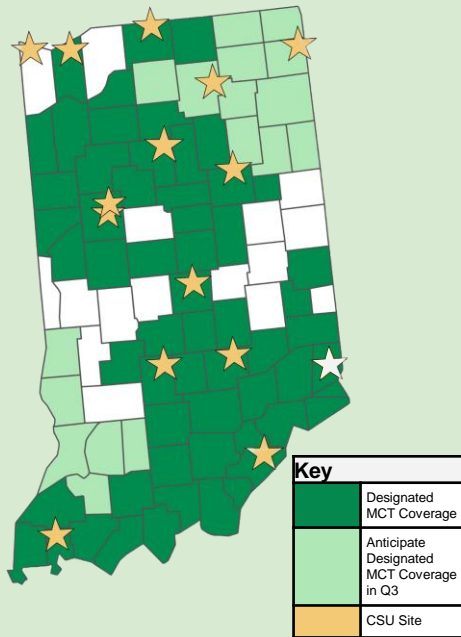
**Community Engagement**

# Indiana's Progress on Pillars 2 and 3

## One Year Ago



## Present Day



## By the Numbers

988 Response Centers

- 4 Call Centers
- 1 Text/Chat Center



Mobile Crisis Teams

- 20 MCTs Funded
- 13 MCTs Designated



Crisis Stabilization Units

- 19 CSUs Funded
- 17 CSUs Open 24/7



# Future of CCBHC and Crisis Response

The **future state** of the behavioral health landscape connects the 988 and CCBHC systems, to **strengthen and expand services for all Hoosiers.**

## Future CCBHC System

- Primary model of behavioral health care statewide
- Majority of MCTs and CRSS (Pillar 2 & 3) will be provided by CCBHCs and paid for by CCBHC Medicaid PPS rates



## Future 988 Crisis System

- Integrates with CCBHC and other systems
- Call Centers (Pillar 1) funded via State & federal appropriations
- MCTs and CRSS (Pillar 2 & 3) not affiliated with CCBHCs funded via Medicaid Fee-for-Service or other appropriations

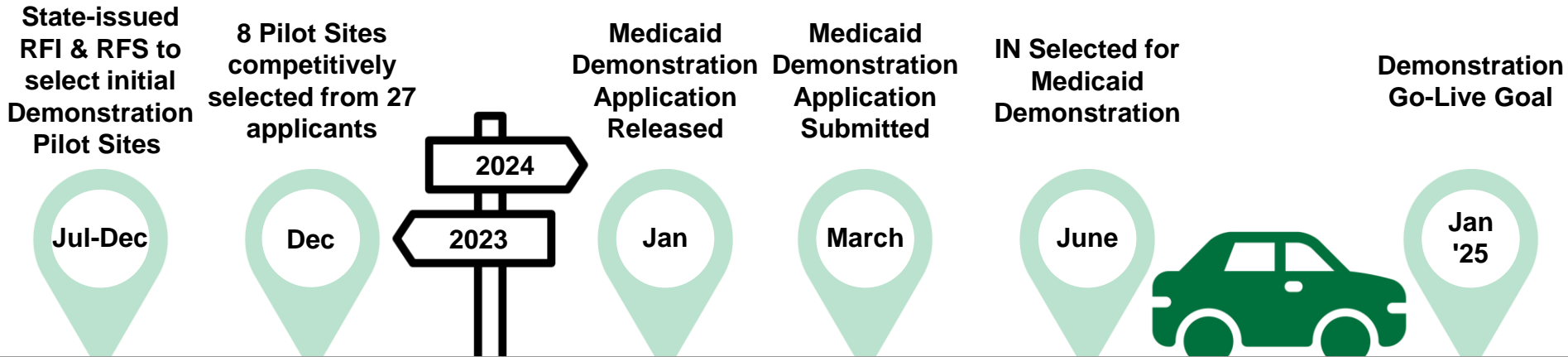
Sustaining funding for CCBHC and 988 is necessary to bridge the gap and connect our systems.





# Indiana's CCBHC Demonstration

# Road to the Medicaid Demonstration Program

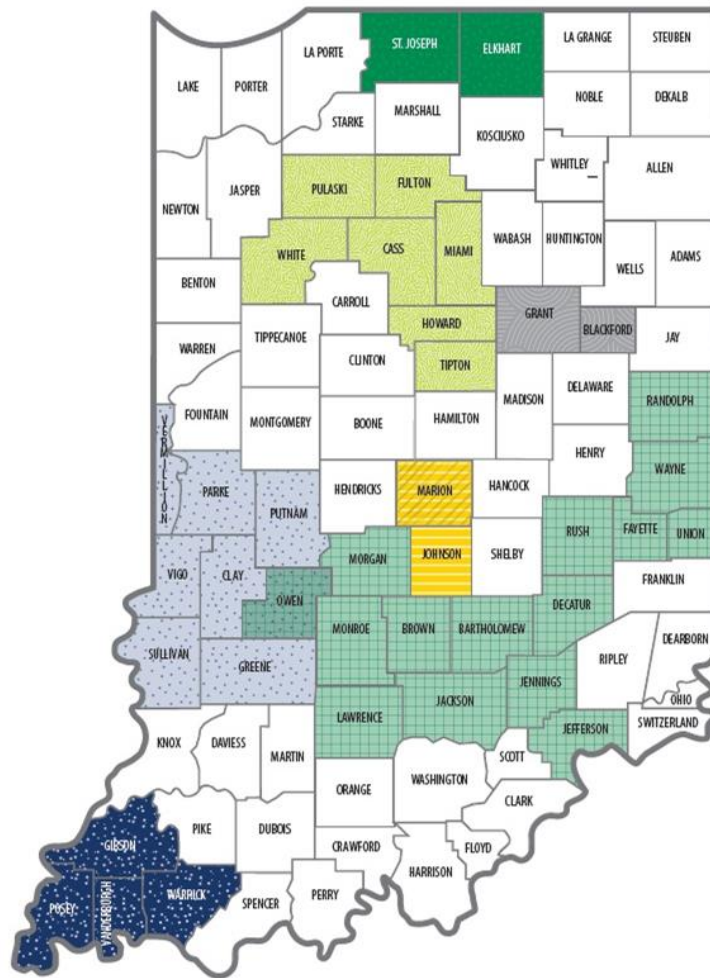


*The Medicaid Demonstration Application was released on January 11<sup>th</sup>, 2024 and due on March 20<sup>th</sup>, 2024. Results were announced on June 4<sup>th</sup>, 2024.*

# CCBHC Demonstration

## Competitively Selected Demonstration Pilot CCBHC Service Areas

- Southwestern
- Eskenazi Health
- Centerstone
- Oaklawn
- Grant Blackford/  
Radiant Health
- Adult and Child
- 4C Health
- Hamilton Center



[CCBHC Demonstration Site Map](#)

# Current BH System ➔ Future CCBHC State

Indiana's Behavioral Health system is ready to **transform to the future state, with the CCBHC framework as the backbone.**

Structural barriers and practices keep care siloed and leads to disparate service provision



Established standards for integrated and coordinated care



Fee-for-service drives quantity, so programs are designed by what is billable



Prospective payments can be tied to outcomes & quality, so programs are designed to meet needs



Staff turnover is high due to low pay



Better salaries achievable through prospective payment system (PPS)



# WHO can access CCBHC services?



National Council for Mental Wellbeing

CCBHCs provide a comprehensive range of mental health and addiction services for **anyone** seeking services regardless of:

- Their diagnosis
- Insurance
- Place of residence
- Age



# Comprehensive Care is Key

CCBHCs provide a comprehensive array of services needed to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders.



**24/7/365 Mobile  
Crisis Team Services**



**Immediate Screening  
& Risk Assessment**



**Easy Access to Care**



**Expanded Care  
Coordination**



**Tailored Care for  
Active Duty Military  
and Veterans**



**Commitment to  
Peers and Family**

# Measuring Demonstration Performance

**21** State- and Clinic-Collected Metrics will be tracked for the entire demonstration with 4 priority metrics identified as objectives for the demonstration program

## Demonstration Priority Objectives



**1. Decrease average time to access CCBHC services**

- Measurement: includes average time to Initial Evaluation, Initial Clinical Services, and Crisis Services (I-SERV measure)



**2. Increase screening for Social Determinants of Health (SDOH) and utilize information to make data-informed decisions**

- Measurement: SDOH screening



**3. Increase engagement in SUD treatment**

- Measurement: Metrics to measure initiation and engagement in SUD treatment and use of pharmacotherapy for Opioid Use Disorder



**4. Enhance access to crisis services**

- Measurement: Count of crisis services provided

# Evidence-Based Practice Requirements

Evidence-Based Practices (EBPs) are a key element of what ensures that the services provided by CCBHCs are **high-quality and effective.**

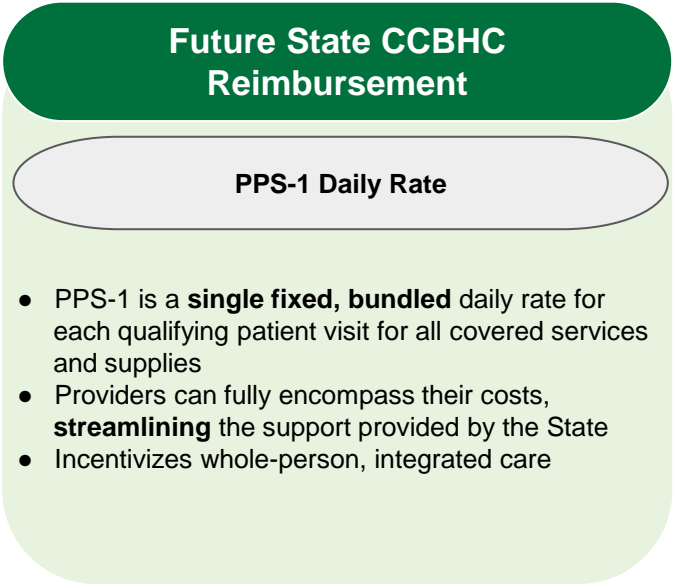
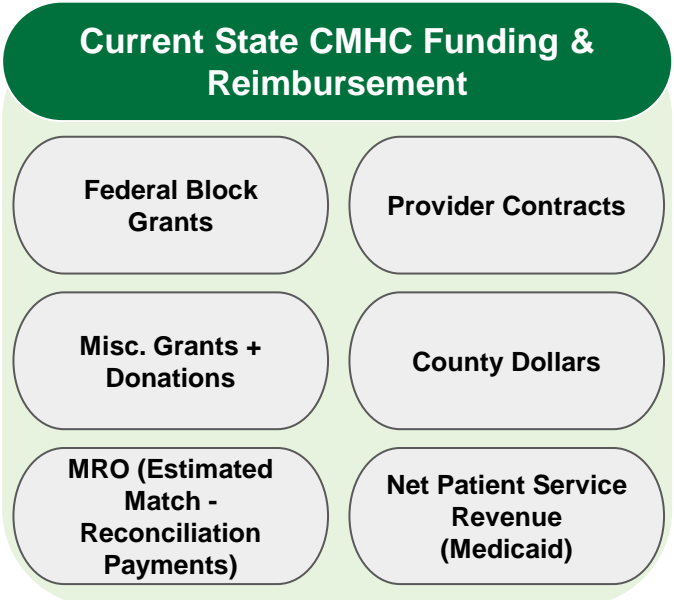




# Reimbursement Structure

# Transforming Reimbursement Structure

The current CMHC system is funded through many siloed sources, resulting in an rigid system that is confusing to navigate. The CCBHC model streamlines the reimbursement structure with a clinic-specific Medicaid Prospective Payment System (PPS) Rate.



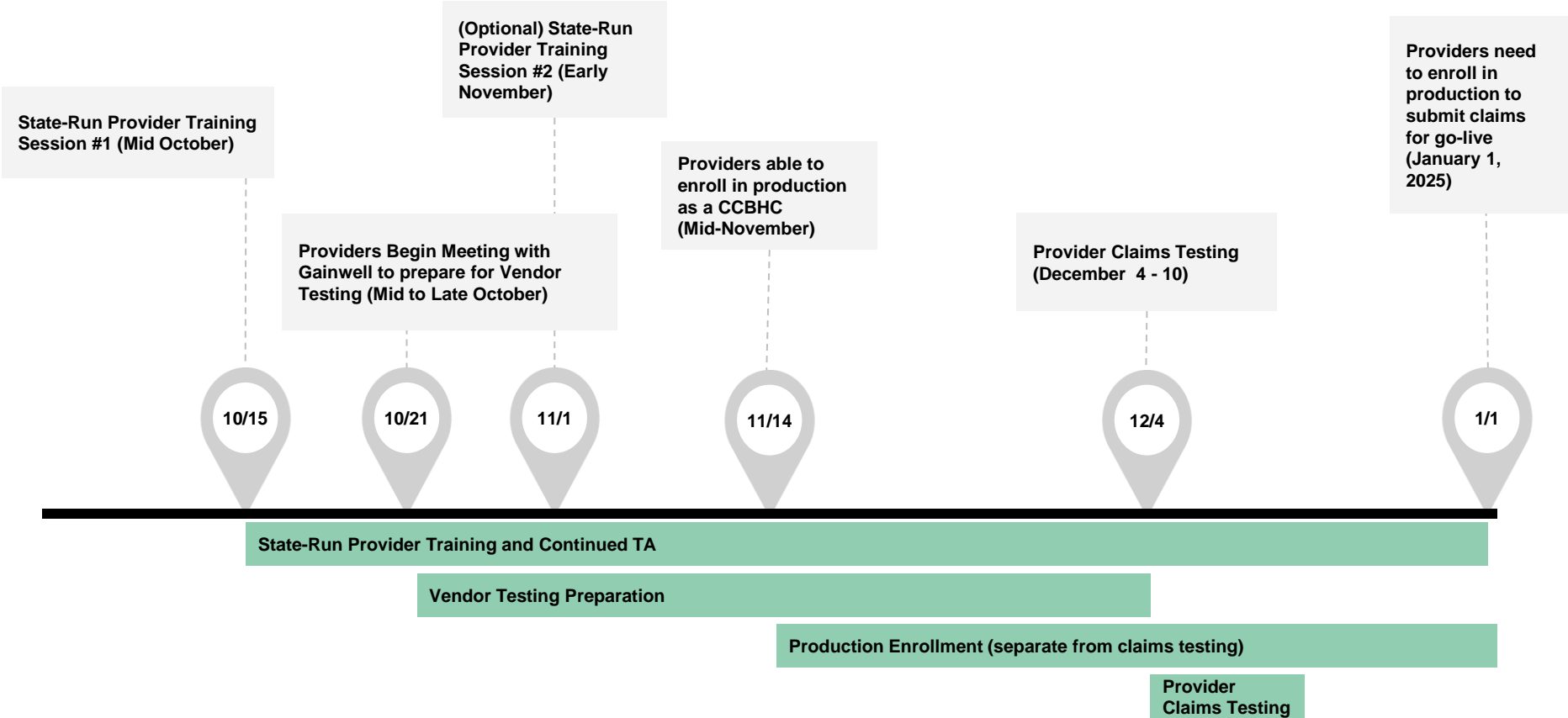
# WHAT does this change?

The CCBHC billing structure changes the **incentive and ability for behavioral health (BH) providers to provide truly evidence-based, integrated, and whole-person care.**



Service Reimbursement Model (current)	Fixed Reimbursement Model (CCBHC)
BH providers bill and receive reimbursements per service (Fee-For-Service)	All costs associated with providing whole-person integrated care are factored into a fixed, clinic-specific daily or monthly rate
BH providers can't cover costs for providing evidence-based, integrated, and whole person care	CCBHCs encompass costs of: <ul style="list-style-type: none"><li>• Care coordination</li><li>• Administration</li><li>• Staff</li><li>• All care for patients regardless of the # of visits or insurance status</li></ul>
Negatively incentivized to fit the provision of care to billable services	

# Provider Enrollment, Training and Testing Timeline



Direct questions may be answered through email at  
[CCBHCQuestions@fssa.in.gov](mailto:CCBHCQuestions@fssa.in.gov)



Scan or click [here](#) for up-to-date information  
on Indiana's CCBHC Demonstration.

# References

National Council for Mental Wellbeing. (2022). *2022 CCBHC impact report*.  
<https://www.thenationalcouncil.org/resources/2022-ccbhc-impact-report/>

<https://ingov.sharepoint.com/:p:/r/sites/FSSAOMPPPviderEducationEventPlanning/Shared%20Documents/General/2024%20IHCP%20WORKS/Presentation%20Review/Final%20Presentation%20Submissions/OMPP/Updated-%20IHCP%20Works%20Annual%20Seminar%20CCBHC%20Overview%202024.pptx?d=w32d69ac6624a479ba0102029c2e14ff1&csf=1&web=1&e=AfKdFm>

<https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/>



# OMPP Resources Available

# OMPP Resources

- **What resources are available to providers?**
  - [Provider Relations Consultants](#)
  - [Provider Reference Materials](#)
  - [Provider Education](#)







# Sign Up for Updates!

- Register for updates on the Indiana Medicaid Provider Website:
  - Email Address

## Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the drop-down list to receive notices of Medicaid updates; check other areas of interest on the drop-down list to receive notices for other types of FSSA updates.



# How Can We Help You?

**\*\*\*Be sure to utilize your provider relations reps first\*\*\***

- [OMPPPProviderRelations@fssa.IN.gov](mailto:OMPPPProviderRelations@fssa.IN.gov)
  - For individual provider concerns requiring assistance from the State
- [IHCPListens@fssa.in.gov](mailto:IHCPListens@fssa.in.gov)
  - Feedback on IHCP presentations
  - Ideas for future presentations/workshops
  - Questions to be answered in future publications



**Questions?**