



Eric Holcomb, Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739

Indiana Behavioral Health Commission

Continuity of Care Subgroup

Wednesday August 10, 2021 10:30am-12pm (EDT)

Join Virtual Meeting:

<https://us02web.zoom.us/j/88134130552?pwd=dGh5RnVmaDhQYWZF6b1cvdFAyQjJwUT09>

Attendees: Katy Adams, Rachel Halleck, Steve McCaffrey, Scott Fadness

Absent: Carrie Cadwell, Barbara Scott, Mimi Gardner, Tim Kelly

Minutes

Items Discussed:

1. Welcome, Introductions, Overview of Discussion

Welcome: Meeting started a few minutes late due to low attendance. Introductions and Overview of Discussion: Katy Adams led discussion, introductions, and tracked responses and recommendations throughout conversation in real time. Katy reviewed the charge of this subgroup to set stage for conversation/meeting.

2. Review /Next Steps

Outcome as drafted by Katy Adams (broken up into 4 categories) per attachment at bottom of the minutes. Katy led conversation through a review and suggested the language be sent out to all subgroup members due to low attendance to allow others to offer input/feedback. Edits and decisions on final recommendations to be decided via email prior to the next formal Behavioral Health Commission Meeting on September 29, 2021. (Update: Katy sent email to all members on 8/11/21 for their review and requested all edits be returned to her as soon as possible in hopes of finalizing some proposed recommendations to the full commission before the next meeting).

3. Next Meeting: Full Behavioral Health Commission on Wednesday September 29, 2021 from 1-4pm EST.



Focus/Potential Recommendations as of 8/10/21:

#1 Treatment Extenders (Rates for Peers, Use of Non-Licensed Staff, Use of Technology,)

“What do we need to recommend to legitimize and sustain use of Peers, Non-Licensed Staff, and Technology to fill gaps in continuity of care?”

- Create training and certification of non-licensed staff (CHW, OTP certified staff, DOC certified staff, gambling certification, addiction certification-CADAC, prevention credential, **endorsements based on future need—forensic recovery coach**, child/family coach)
- **Tie certification to reimbursement**—fee that is sustainable for the position
- Maximize use of telehealth for these certified individuals---Add “certified” individuals to approved providers of telehealth in MH treatment
- Further exploration of technology as emerging practice

#2 Access Issues (private practitioner needs, administrative burden issues, workforce issues, integrated service delivery, silos “wrong door”)

- “What do we need to recommend to address issues related to access to intake and ongoing care?”
- Workforce issues—
- Communication issues: data sharing between levels of care; **IHIE participation**, financial barriers/ IT infrastructure to participate in sharing data, HIPAA/42 CFR barriers to what can be shared—recent changes
- **Centralized case management**, potentially partner with MCE
- Administrative burdens (intake experience, credentialing issues below)
- Explore and develop and shared data system for levels of care and medication system (inclusive of emergency professionals, jail, hospital, etc)

3 Parity (Standardize Medical Necessity, Manage Prior Authorization Process to reduce burden, Reduce Denials, assure parity across Medicaid/Commercial Insurance)

- “What do we need to recommend to assure parity exists for All Hoosiers seeking MH/SUD treatment?”
- “What do we recommend to remove the administrative burden insurances cause with PA, credentialing, etc. that delays treatment or causes delays in workforce deployment?”
- Credentialing – single point of entry
- Multiple managed care companies with different processes, creates duplication of administrative process—and delay of providing care, and getting reimbursement for care
- Standardized credentialing, prior approval process, medical necessity definition for all insured; accountability for those not following the state standard (financial?)
- Centralized middle man
- **Encourage investigation of NY blueprint for parity**
- Crider bill model for parity implementation: Stakeholder group working on this issue
- Parity committee; Commission on improving the status of children
- By fall will have completed reviews, **see what they recommend? This will be reported to BH Commission**
- Find a way to **empower enforcement of parity** via legislation? (outcome of recommendations above?)

#4 Full Crisis Continuum Gaps (Rural areas, outreach and engagement post IP/SPH/jail/prison, Crisis Units, Funding CCBHC)

- “What do we need to recommend that would allow all Hoosiers access to full continuum for crisis care?”
- **Indiana Certify and fund CCBHC with Medicaid support**
- 988 integration
- 1115 Waiver like KY, **Medicaid reimbursement for BH while incarcerated**, OH model—don’t terminate or suspend insurance when incarcerated—continuous service