

The PsychU Guide To The Indiana Mental Health System

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice.

You should seek independent, qualified professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

Except as otherwise indicated, the information provided is accurate to the best of Otsuka's knowledge as of March 2017.

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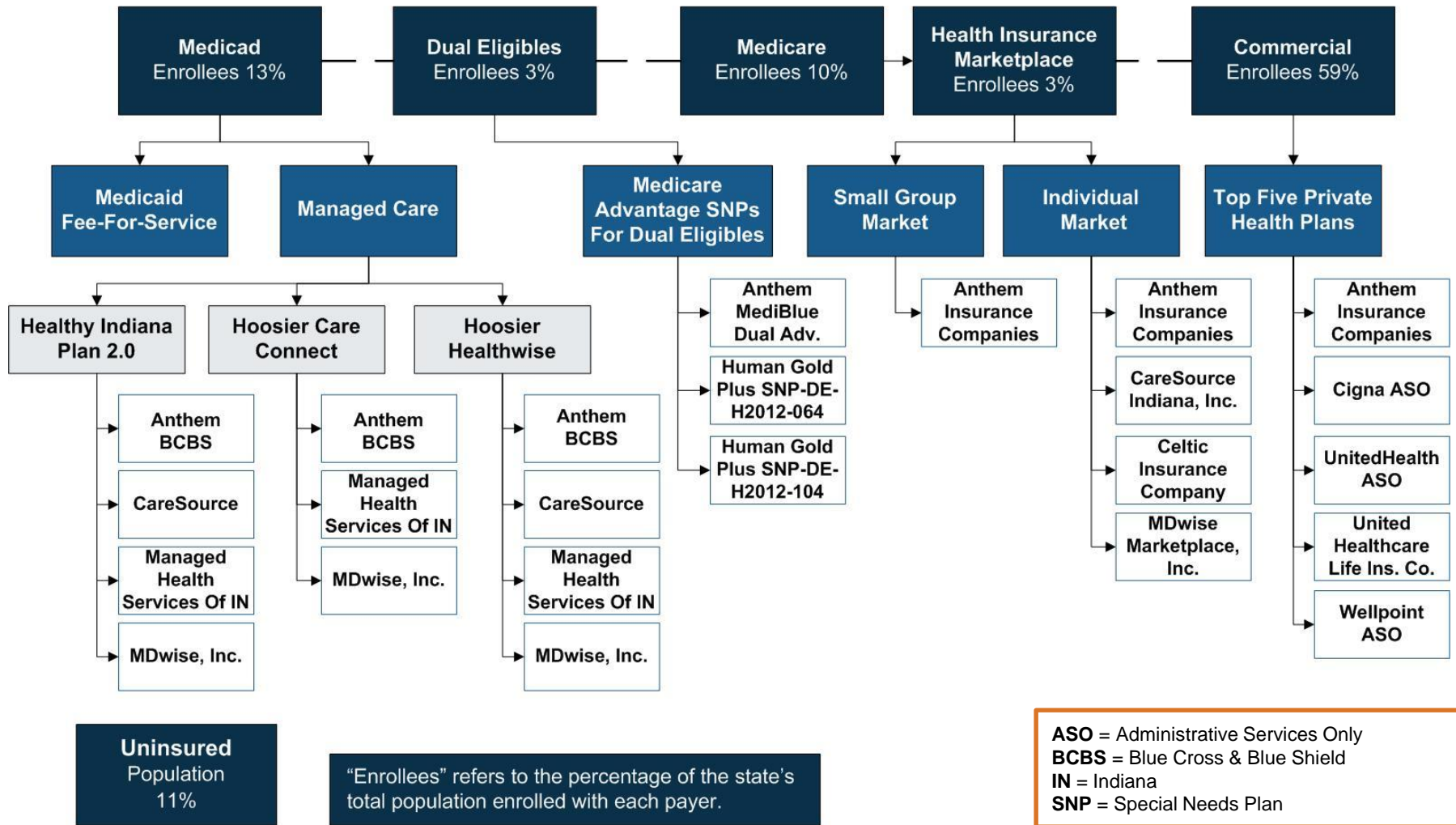
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Appendix A: Sources

AMHH = Adult Mental Health Habilitation
BPHC = Behavioral & Primary Healthcare Coordination
BH = Behavioral Health
DMHA = Division Of Mental Health & Addiction
FFS = Fee-For-Service
HIP = Healthy Indiana Plan
SMI = Serious Mental Illness

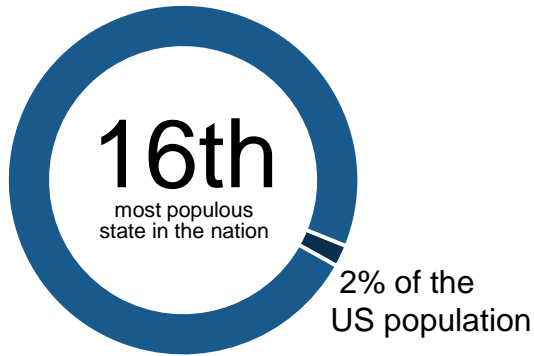
A. INDIANA HEALTH CARE MARKETPLACE OVERVIEW

1. Physical Health Care Coverage Map

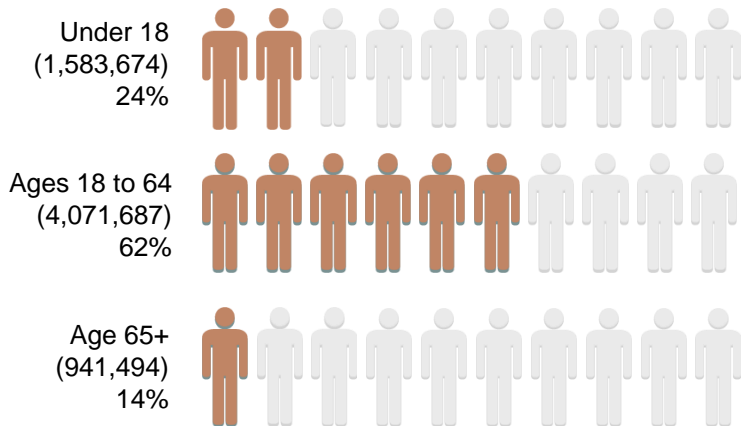


2. Population Demographics

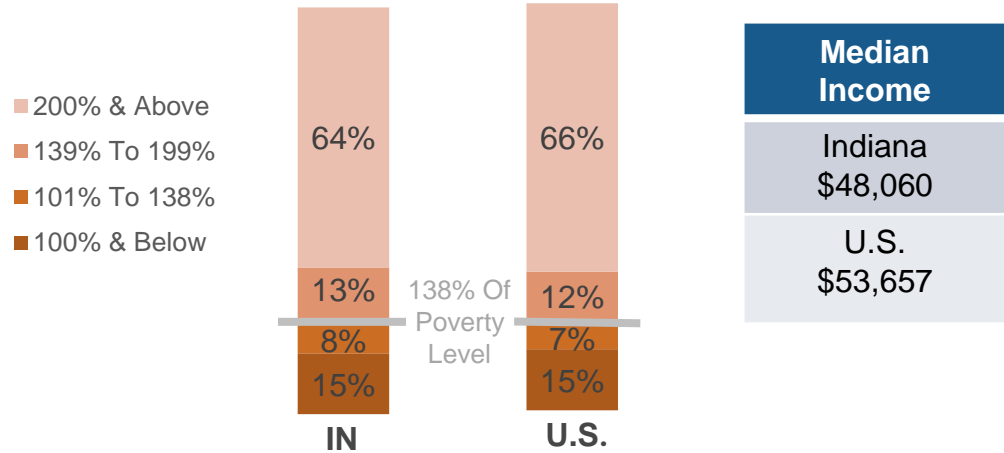
Total Indiana Population - 6,596,855
SMI Population - 290,808



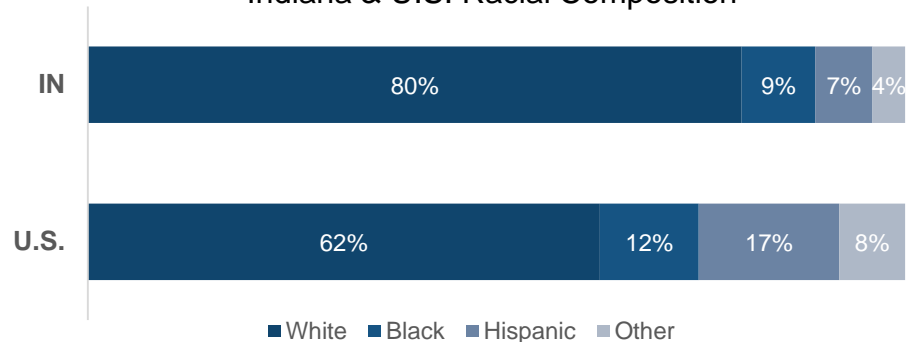
Population Distribution By Age



Population Distribution By Income To Poverty Threshold Ratio

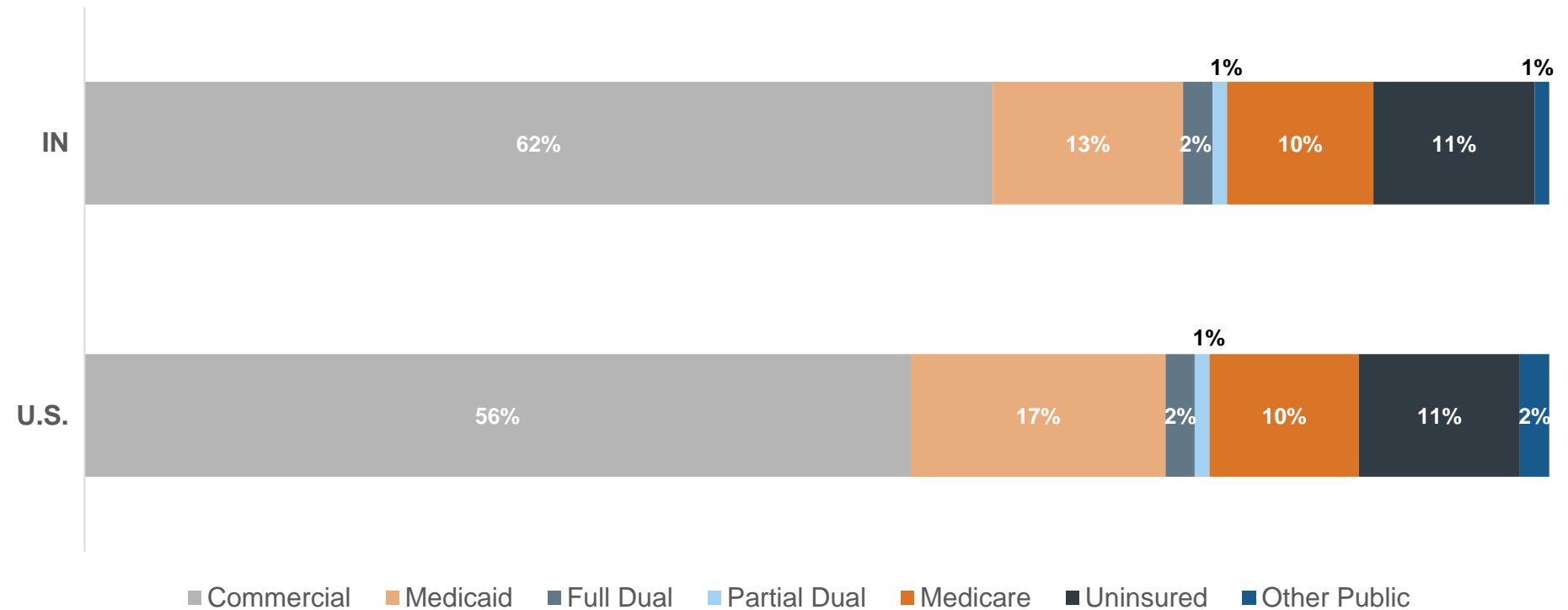


Indiana & U.S. Racial Composition



SMI = Serious Mental Illness

3. Population Distribution By Payer: United States v. Indiana



4. Largest Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Medicare FFS	Medicare	879,793
Anthem Insurance Companies, Inc.	Commercial	498,157
Wellpoint	Commercial ASO	387,615
Medicaid FFS	Medicaid	282,717
MDwise, Inc.	Medicaid Hoosier Healthwise	238,380
UnitedHealth	Commercial ASO	229,589
Anthem Blue Cross & Blue Shield	Medicaid Hoosier Healthwise	198,396
Cigna	Commercial ASO	191,214
Anthem Blue Cross & Blue Shield	Medicaid Healthy Indiana Plan	175,389
Managed Health Services Of Indiana	Medicaid Hoosier Healthwise	164,856

*Medicaid enrollment as of December 2016; Medicare enrollment as of August 2016; Commercial enrollment as of 4th quarter 2015

ASO = Administrative Service Only
FFS = Fee For Service

5. Largest Health Plans By Estimated Serious Mental Illness (SMI) Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare FFS	879,793	125,810
Medicaid FFS	Medicaid	282,717	58,311
Anthem Blue Cross & Blue Shield	Medicaid Healthy Indiana Plan	175,389	12,277
Anthem Insurance Companies, Inc.	Commercial	498,157	11,806
MDwise, Inc.	Medicaid Healthy Indiana Plan	133,396	9,338
Wellpoint	Commercial ASO	387,615	9,186
UnitedHealthcare Insurance Company	Medicare Advantage	56,856	8,130
MDwise, Inc.**	Medicaid Hoosier Care Connect	39,785	7,902
Humana Insurance Company	Medicare Advantage	53,293	7,621
Anthem Blue Cross & Blue Shield	Medicaid Hoosier Care Connect	35,309	7,000

*Medicaid enrollment as of December 2016; Medicare enrollment as of August 2016; Commercial enrollment as of 4th quarter 2015

**MDWise, Inc. exited Hoosier Care Connect in April 2017.

ASO = Administrative Services Only
FFS = Fee For Service

6. Health Insurance Marketplace

Health Insurance Marketplace	
Type Of Marketplace	Federal
Individual Enrollment Contact	www.healthcare.gov
	1-800-318-2596
Small Business Enrollment Contact	www.healthcare.gov/small-businesses
	1-800-706-7893

2017 Individual Market Health Plans

- Anthem Insurance Companies, Inc.
- CareSource Indiana, Inc.
- Celtic Insurance Company
- MDwise Marketplace, Inc.

2017 Small Group Market Plans

- Anthem Insurance Companies, Inc.

B. INDIANA MEDICAID SYSTEM OVERVIEW

7. Delivery System, Risk, & Federal Participation

Medicaid Financial Delivery System

Is Managed Care Mandatory For Populations With SMI?	Yes
Is Managed Care Mandatory For Dual-Eligibles?	No
Total Medicaid Population Distribution	<ul style="list-style-type: none"> • 20% in FFS • 80% in managed care
Medicaid Beneficiaries With SMI: <i>Primary Service System</i>	Because the SMI population must enroll in managed care unless they meet one of the FFS qualifications, the majority of the SMI population is served by managed care.

Medicaid Financing & Risk Arrangements: Behavioral Health

Traditional Behavioral Health Services	<ul style="list-style-type: none"> • <u>FFS Population</u>: Covered FFS by the state • <u>Hoosier Care Connect & Hoosier Healthwise</u>: Included in the MCOs' capitation rate • <u>Healthy Indiana Plan 2.0</u>: Included in the MCOs' capitation rate, subject to deductible
Specialty Behavioral Health Services	<ul style="list-style-type: none"> • <u>FFS Population</u>: Covered FFS by the state • <u>Hoosier Care Connect & Hoosier Healthwise</u>: Excluded from the MCO's capitation rate, covered by the state • <u>Healthy Indiana Plan 2.0</u>: Not covered
Pharmaceuticals	<ul style="list-style-type: none"> • <u>FFS Population</u>: Covered FFS by the state • <u>All Managed Care Programs</u>: Included in the MCOs' capitation rate

Federal Financial Participation

FY 2017 Federal Medical Assistance Percentage (FMAP)	66.74%
CY 2017 Newly Eligible FMAP (Expansion Population)	95%

FFS = Fee-For-Service
MCO = Managed Care Organization

SMI = Serious Mental Illness

8. Expansion Decision

State Medicaid Expansion Decision	
Participating In Expansion?	Yes
Date Of Expansion	February 2015
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% Of Federal Poverty Level*
Legislation Used To Expand Medicaid	Senate Enrolled Act 461, First Regular Session, 117 th General Assembly

*The Patient Protection & Affordable Care Act requires that 5% of income be disregarded with determining eligibility.

9. Care Coordination Entities

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)

Managed Care Plan	✓	Hoosier Care Connect MCOs are responsible for coordinating care for their enrollees.
Accountable Care Organization Program		None
Health Home		None
Medical Home		None
Primary Care Case Management Model		Indiana's Care Select PCCM program ended in July 2015.

MCO = Managed Care Organization
PCCM = Primary Care Case Management
SMI = Serious Mental Illness

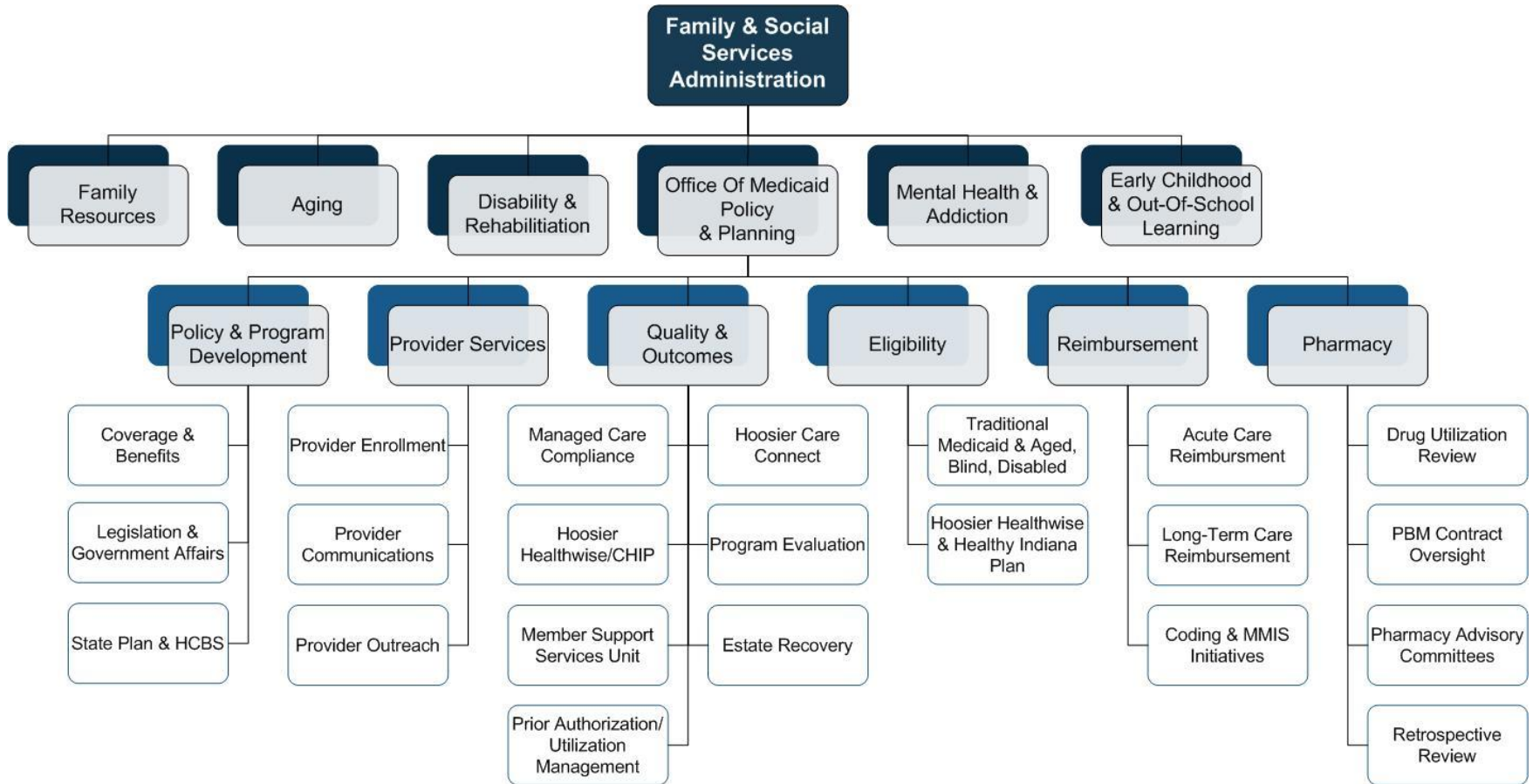
10. The Uninsured

State Agency Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services	The Office Of Primary Care in the Indiana State Department Of Health is responsible for providing physical health services to the safety-net population.
Mental Health Services	DMHA within the Indiana Family & Social Services Administration provides mental health and addiction treatment services to the safety-net population by contracting with community mental health centers and other provider organizations.
Addiction Treatment Services	

DMHA = The Division Of Mental Health & Addiction

11. Organizational Chart



CHIP = Children's Health Insurance Program
HCBS = Home- & Community-Based Services

MMIS = Medicaid Management Information System
PBM = Pharmacy Benefit Manager

12. Key Leadership

Name	Position	Department
Jennifer Whitehall, MD	Secretary	Indiana Family & Social Services Administration
Joseph Moser	Medicaid Director	Office Of Medicaid Policy & Planning
Shane Hatchett	Deputy Medicaid Director	Office Of Medicaid Policy & Planning
Vickie Trout	Director, Quality & Outcomes Section	Office Of Medicaid Policy & Planning
Tatum Miller	Director, Provider Services Section	Office Of Medicaid Policy & Planning
Nonis Spinner	Director, Eligibility Section	Office Of Medicaid Policy & Planning
Chris Fletcher	Director, Reimbursement Section	Office Of Medicaid Policy & Planning
Vacant	Director, Policy & Program Development Section	Office Of Medicaid Policy & Planning
Natalie Angel	HIP Director	Office Of Medicaid Policy & Planning
Ann Zerr, MD	Medical Director	Office Of Medicaid Policy & Planning

HIP = Healthy Indiana Plan

13. Program Benefits

Federally Mandated Services

- Inpatient hospital services other than services in an IMD
- Outpatient hospital services
- Rural Health Clinic services
- Federally Qualified Health Center services
- Laboratory and X-ray services
- Nursing facilities for individuals 21 and over
- Early & Periodic Screening & Diagnosis & Treatment
- Family planning services and supplies for individuals of child-bearing age
- Physician services
- Medical and surgical services of a dentist
- Home health services
- Nurse midwife services
- Nurse practitioner services
- Pregnancy services, including tobacco cessation programs
- Free standing birth centers
- Non-emergency transportation to medical care

Indiana's Optional Services

- Podiatry services
- Optometry services
- Chiropractic services
- Other practitioners' services
- Private duty nursing
- Clinic services
- Dental services
- Physical, occupational, and speech therapy
- Prescribed drugs
- Dentures, prosthetic devices, and eyeglasses
- Diagnostic, screening, and preventive services
- Inpatient services in IMDs for persons over 65
- Intermediate care facility services
- Public institution services for I/DD
- Inpatient psychiatric facility for individuals under 22
- Hospice care
- Respiratory care
- Care in religious non-medical institutions
- Nursing facility services for patients under 21

I/DD = Intellectual & Developmental Disability

IMD = Institution For Mental Disease

C. INDIANA MEDICAID FINANCING & SERVICE DELIVERY SYSTEM

14. Overview

Medicaid System Characteristics		
Characteristics	Medicaid FFS	Medicaid Managed Care
Enrollment (December 2016)	282,717	1,120,245
SMI Enrollment	Because the SMI population must enroll in managed care unless they meet one of the FFS qualifications, the majority of the SMI population is served by managed care.	
Management	Office Of Medicaid Policy & Planning	<ul style="list-style-type: none"> • <u>Hoosier Care Connect</u>: Two MCOs • <u>Hoosier Healthwise</u>: Four MCOs • <u>Healthy Indiana Plan 2.0</u>: Four MCOs
Payment Model	FFS	<ul style="list-style-type: none"> • <u>Hoosier Care Connect</u>: Capitated rate • <u>Hoosier Healthwise</u>: Capitated rate • <u>Healthy Indiana Plan 2.0</u>: Capitated rate with deductible and benefit limits
Geographic Service Area	Statewide	All programs are statewide

Total Medicaid Beneficiaries: 1,402,962 | Total Medicaid With SMI Beneficiaries: 89,790

FFS = Fee-For-Service
MCO = Managed Care Organization
SMI = Serious Mental Illness

15. Enrollment By Eligibility Group

Mandatory FFS Enrollment

1. Dual eligibles
2. Persons residing in a nursing home for more than 30 days
3. Persons in a state psychiatric facility
4. Persons in a psychiatric residential treatment facility
5. Persons in an intermediate care facility for I/DD
6. Persons receiving hospice benefits in an institutional setting
7. Persons eligible for home- and community-based waiver services

Option To Enroll In FFS Or Managed Care

1. American Indians/Alaska Natives
2. Children who are wards of the state
3. Children receiving adoption assistance
4. Children who receive or have received foster care

Mandatory Managed Care Enrollment

1. Parents and caretaker relatives
2. Children
3. Aged, blind, and disabled individuals
4. Expansion population
5. Individuals receiving Supplemental Security Income
6. Pregnant women
7. MED Works enrollees (persons with disabilities who hold jobs)

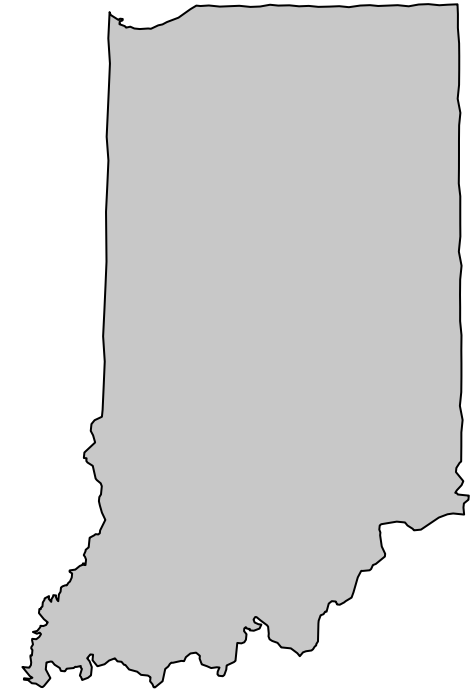
FFS = Fee-For-Service

I/DD = Intellectual & Developmental Disability

MED = Medicaid For Employees With Disabilities

16. Fee-For-Service (FFS) Program: Program Overview

FFS enrollment as of December 2016 was 282,717.



17. Fee-For-Service (FFS) Program: Behavioral Health Benefits

FFS Mental Health Benefits

1. Outpatient services
2. Neuropsychology
3. Psychological testing
4. Outpatient mental health hospital services
5. Inpatient psychiatric services provided to eligible individuals between 22 and 65 years old only in a certified psychiatric hospital of 16 beds or less
6. Bridge appointments
7. Partial hospitalization
8. Psychiatric residential treatment facilities
9. MRO services

FFS MRO Services

1. AIRS addiction counseling
2. Behavioral health counseling and therapy
3. Behavioral health level of need re-determination
4. Case management
5. Child and adolescent intensive resiliency services
6. Crisis intervention
7. Intensive outpatient treatment
8. Medicaid training and support
9. Peer recovery
10. Psychiatric assessment and intervention
11. Skills training and development

FFS Substance Abuse Treatment Benefits

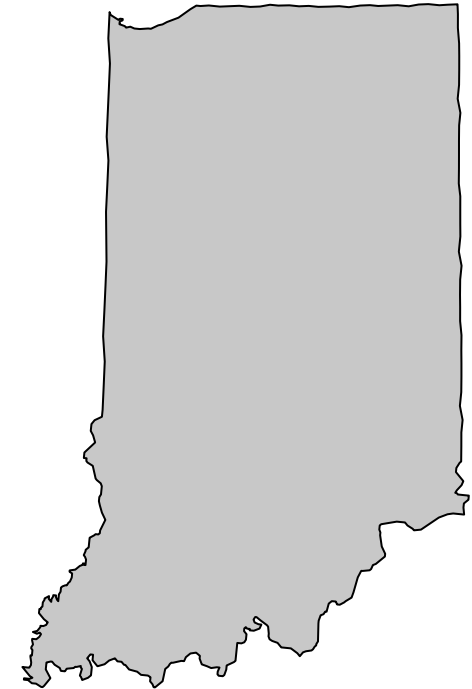
1. Screening and brief intervention
2. Outpatient services
3. Inpatient substance abuse services provided to eligible individuals between 22 and 65 years old only in a certified psychiatric hospital of 16 beds or less
4. MRO services

*MRO services must be provided by community mental health centers.

AIRS = Adult Intensive Rehabilitation Services
FFS = Fee-For-Service
MRO = Medicaid Rehabilitation Option

18. Fee-For-Service (FFS) Program: Serious Mental Illness (SMI) Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- AMHH services are provided for individuals with SMI, age 35 or older, who are living in the community and who need help on a regular basis with SMI or co-occurring mental illness and addiction disorders.
- The BPHC program provides full Medicaid benefits to individuals age 19 and over with a SMI who have an income below 300% FPL, and who do not otherwise qualify for Medicaid.
- AMHH and BPHC services are authorized under section 1915 (i) state plan amendments and provided exclusively by the state's 25 community mental health centers, as required under concurrent section 1915 (b) waivers.



AMHH = Adult Mental Health & Habilitation
BPHC = Behavioral & Primary Healthcare Coordination
FPL = Federal Poverty Level

19. Managed Care Program: Program Overview

- Managed care enrollment as of December 2016 was 1,120,245.
- Indiana has three statewide managed care programs:
 - Hoosier Care Connect (HCC): Two statewide MCOs provide services to the aged, blind, and disabled non-dual eligible populations on a full-risk capitated basis. There were 94,567 enrollees as of December 2016.
 - Hoosier Healthwise (HHW): Four statewide MCOs provide services to children and pregnant women on a full-risk capitated basis. There were 601,632 enrollees as of December 2016.
 - Healthy Indiana Plan 2.0 (HIP 2.0): Four statewide MCOs provide services to parent and caretaker relatives and persons eligible for the state's alternative Medicaid expansion program at a capitated rate with a deductible. There were 424,046 enrollees as of December 2016.
- Enrollees in HCC and HHW receive all physical health, traditional behavioral health, and pharmacy services through the MCOs, with specialty behavioral services carved-out to the community mental health centers and covered by the state.
- The pharmacy carve-out for Hoosier Healthwise ended in January 2017. Pharmacy benefits are now carved-in under all three managed care programs.

MCO = Managed Care Organization

20. Managed Care Program: Healthy Indiana Plan 2.0 (HIP 2.0) Overview

- HIP 2.0 is Indiana's alternative Medicaid expansion program that was implemented in February 2015. Four MCOs operate statewide.
- HIP 2.0 covered individuals include:
 - All non-disabled adults between the ages of 19 and 64 with income below 138% of the FPL
 - Parents and caretaker relatives who are not aged, blind, or disabled
 - Women who become pregnant while enrolled in HIP 2.0 and choose to remain in the program
 - Native Americans who choose to receive services through HIP 2.0 instead of Medicaid FFS
- HIP 2.0 MCOs offer four benefit packages:
 - HIP Basic (see slide 27)
 - HIP Plus (see slide 27)
 - HIP Link (see slide 28)
 - HIP State Plan-Plus and HIP State Plan-Basic (see slide 28)
- Each individual must make contributions to a POWER account, which is modeled after health savings accounts.
 - Monthly contributions to the account cannot exceed 2% of an individual's income, but cannot be less than \$1.00
 - POWER account funds are used to pay the first \$2,500 of covered claims, mimicking a deductible
 - Penalties are levied against persons who fail to make scheduled payments to their POWER accounts
 - A portion of unused POWER account funds can be applied to subsequent year payments, with increases in roll-over funds for receiving recommended preventive services

FFS = Fee-For-Service
FPL = Federal Poverty Level
MCO = Managed Care Organization
POWER = Personal Wellness & Responsibility

21. Managed Care Program: Healthy Indiana Plan 2.0 (HIP 2.0) Coverage Options

HIP 2.0 Coverage Options			
Plan	Eligibility	Payment Model	Benefits Provided
HIP Basic	Individuals with income less than 100% of FPL	<ul style="list-style-type: none"> • Co-payments for services • No monthly payments to POWER account 	<ul style="list-style-type: none"> • Alternative benchmark plan
HIP Plus	<ul style="list-style-type: none"> • Individuals with income less than 100% of FPL • Individuals with income up to 138% of FPL 	<ul style="list-style-type: none"> • Flat monthly contribution to POWER account based on income bracket, cannot exceed 2% of income • Individuals with income above 100% of FPL are subject to a six month lock-out if they do not make POWER account contributions • Individuals with income below 100% of FPL who do not make contributions are moved to HIP Basic • No co-payments except for non-emergency use of the emergency department 	<ul style="list-style-type: none"> • Alternative benchmark plan • Some state plan benefits

FPL = Federal Poverty Level

POWER = Personal Wellness & Responsibility

22. Managed Care Program: Healthy Indiana Plan 2.0 (HIP 2.0) Coverage Options *(Continued)*

HIP 2.0 Coverage Options			
Plan	Eligibility	Payment Model	Benefits Provided
State Plan-Plus & State-Plan Basic	<ul style="list-style-type: none"> Medically frail individuals Caretakers eligible for traditional Medicaid Pregnant women 	<ul style="list-style-type: none"> <u>Medically Frail & Caretaker Relatives With Income Below 100% Of The FPL</u>: Co-payments (State Plan-Basic) <u>Medically Frail & Caretaker Relatives With Income Above 100% Of The FPL</u>: Monthly contribution to POWER account (State Plan-Plus) <u>Pregnant Women</u>: No cost-sharing There are no penalties for missing contributions, although individuals with income above 100% of the FPL will accrue debt to the state and be subject to co-payments 	<ul style="list-style-type: none"> State plan benefits Enrollees are eligible for specialty behavioral health benefits
HIP Employer Benefit Link (HIP Link)	<ul style="list-style-type: none"> Eligible for HIP Eligible to participate in their employer sponsored insurance plan Employer must contribute at least 50% of premium cost 	<ul style="list-style-type: none"> Flat contribution rate to POWER account to be used for out of pocket expenses (co-payments, deductibles) State contribution cannot exceed HIP Plus contribution \$50.00 reduction in POWER account balance for each missed payment 	<ul style="list-style-type: none"> Commercial benefits offered by the employer's health plan

FPL = Federal Poverty Level
POWER = Personal Wellness & Responsibility

23. Managed Care Program: Behavioral Health Overview

- Traditional behavioral health services and behavioral health pharmacy for all managed care programs are the responsibility of the MCOs.
- Specialty behavioral health benefits are carved-out of managed care and are provided FFS by the state for HHW, HCC, HIP State Plan-Basic, and HIP State Plan-Plus enrollees.
 - Specialty behavioral health benefits are MRO services and section 1915 (i) state plan home- and community-based behavioral health services
 - These services are not available to HIP Basic or HIP Plus enrollees
- MRO services and certain section 1915 (i) state plan services must be provided by community mental health centers.
- PRTF services are excluded from managed care and are covered on a FFS basis by the state.
 - Individuals who are admitted to a PRTF are disenrolled from managed care and receive all Medicaid services through the FFS system during their PRTF stay
 - After discharge, these individuals are enrolled in the applicable managed care program

FFS = Fee-For-Service
HCC = Hoosier Care Connect
HHW = Hoosier Healthwise
HIP = Healthy Indiana Plan

MCO = Managed Care Organization
MRO = Medicaid Rehabilitation Option
PRTF = Psychiatric Residential Treatment Facility

24. Managed Care Program: Behavioral Health Benefits

Managed Care Behavioral Health Benefits Covered By The MCOs

1. Mental health outpatient services
2. Inpatient mental health services at freestanding inpatient psychiatric facility for individuals between 22 and 65 (must be 16 beds or less)
3. Substance abuse outpatient services
4. Inpatient substance abuse services at a freestanding psychiatric facility (less than 16 beds)
5. Partial hospitalization

Behavioral Health Benefits Excluded From Managed Care & Covered FFS By The State

1. PRTF services
2. Section 1915 (i) home and community-based services
 - a. AMHH Services*
 - b. BPHC services*
 - c. Child mental health wraparound services
3. MRO services*
 - a. AIRS addiction counseling
 - b. Behavioral health counseling and therapy
 - c. Behavioral health level of need re-determination
 - d. Case management
 - e. Child and adolescent intensive resiliency services
 - f. Crisis intervention
 - g. Intensive outpatient treatment
 - h. Medicaid training and support
 - i. Peer recovery
 - j. Psychiatric assessment and intervention
 - k. Skills training and development

*MRO services, AMHH services, and BPHC services must be provided by community mental health centers.

AIRS = Adult Intensive Rehabilitation Services

AMHH = Adult Mental Health & Habilitation

BPHC = Behavioral & Primary Healthcare Coordination

FFS = Fee-For-Service

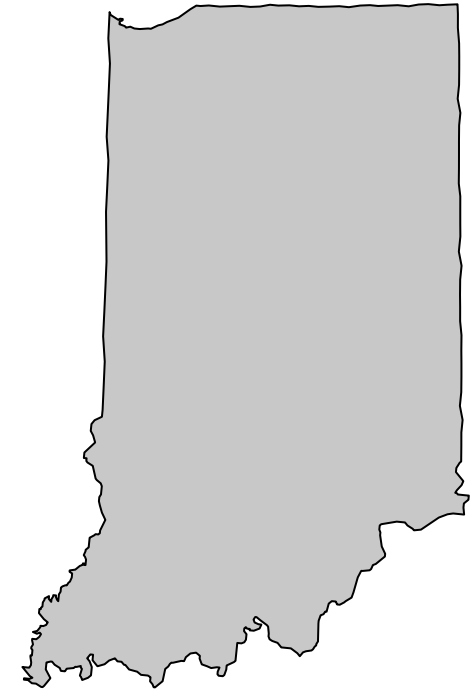
MCO = Managed Care Organization

MRO = Medicaid Rehabilitation Option

PRTF = Psychiatric Residential Treatment Facility

25. Managed Care Program: Serious Mental Illness (SMI) Population

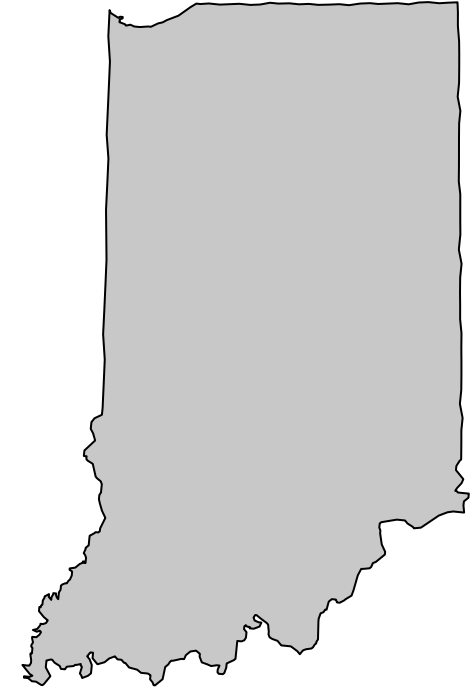
- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- AMHH section 1915 (i) state plan services are provided for individuals with SMI, age 35 or older, who are living in the community and who need help on a regular basis with serious mental illness or co-occurring mental illness and addiction disorders.
- The BPHC section 1915 (i) state plan program provides full Medicaid benefits to individuals age 19 and over, with a serious mental illness who have an income below 300% FPL, and who do not otherwise qualify for Medicaid.
- These services are authorized under a section 1915 (i) state plan amendment and provided exclusively by the state's 25 community mental health services, as required under a concurrent section 1915 (b) waiver.
- The Medicaid expansion population, if medically frail, must be offered the full array of state plan benefits. Medically frail individuals include adults with SMI and chronic substance abuse disorders.



AMHH = Adult Mental Health & Habilitation
BPHC = Behavioral & Primary Healthcare
 Coordination
FFS = Fee-For-Service
FPL = Federal Poverty Level

26. Care Coordination Initiatives

Indiana's Medicaid program does not currently have a health home initiative or a patient-centered medical home initiative.



27. 1115 & 1915 (b) Program Waivers Impacting The SMI Population

Waiver Title	Waiver Description	Waiver Type	2015 Enrollment Cap	Effective Date	Expiration Date
Healthy Indiana Plan 2.0 (HIP 2.0)	Indiana's alternative Medicaid expansion plan for all individuals with income below 138% of FPL.	1115	None	02/01/15	01/31/18
Hoosier Care Connect (IN-04)	Authorizes mandatory enrollment of the non-dual eligible aged, blind, and disabled population in managed care.	1915 (b)	None	04/01/15	03/31/17
Medicaid Rehabilitation Option (MRO) (IN-03)	Authorizes the state to contract with 25 CMHC as the sole providers of MRO services to individuals with behavioral health conditions.	1915 (b)	None	06/01/14	05/31/19
AMHH & BPHC Services (IN-02)	Authorizes the state to contract with CMHCs as the sole providers of the AMHH and BPHC Services programs. These programs are authorized through a state plan amendment.	1915 (b)	None	06/01/14	09/30/18

AMHH = Adult Mental Health Habilitation
BPHC = Behavioral & Primary Healthcare Coordination
CMHC = Community Mental Health Center
FPL = Federal Poverty Level
IN = Indiana

28. 1915 (c) Program Waivers Impacting The SMI Population

Waiver Title	Waiver Description	Waiver Type	2015 Enrollment Cap	Effective Date	Expiration Date
IN Aged & Disabled (0210.R05.00)	Provides HCBS to persons age 65 and over, and persons with physical and other disabilities, ages 0 to 64 who require a nursing facility level of care.	1915 (c)	19,153	07/01/13	06/30/18
IN Traumatic Brain Injury (4197.R03.00)	Provides HCBS to persons with traumatic brain injury who require a nursing facility or intermediate care facility level of care.	1915 (c)	200	01/01/13	12/31/17
IN PRTF Waiver (03.R02.00)	Provides HCBS to persons with SED, ages 6 to 17, and persons with SMI, ages 18 to 20, who require a psychiatric residential treatment facility level of care.	1915 (c)	106	10/01/12	09/30/17

HCBS = Home- & Community-Based Services
IN = Indiana
PRTF = Psychiatric Residential Treatment Facility
SED = Serious Emotional Disturbance
SMI = Serious Mental Illness

29. Program Waivers:

Adult Mental Health Habilitation (AMHH) Services

The AMHH Services program provides HCBS to individuals with SMI. The program is authorized through a concurrent state plan amendment and 1915(b) waiver.

Key Features Of AMHH

Target Population	<ul style="list-style-type: none"> Over the age of 35 with a primary mental health diagnosis (968 projected individuals in the first year) Meet the criteria for HCBS Have met the maximum benefit for rehabilitative services
Care Delivery Model	<ul style="list-style-type: none"> Creation of Individualized integrated care plan Able to receive services for one year
Geographic Service Area	Statewide
Benefits	<p>All services must be provided by the CMHCs:</p> <ul style="list-style-type: none"> Adult day services Home and community-based habilitation and support Respite care Therapy and behavior support services Addiction counseling Peer support services Supported community engagement services Care coordination Medication training and support

CMHC = Community Mental Health Center
HCBS = Home- & Community- Based Services
SMI = Serious Mental Illness

30. Program Waivers:

Behavioral & Primary Healthcare Coordination (BPHC)

The BPHC program provides full Medicaid benefits and enhanced care coordination to persons with SMI who would not otherwise qualify for Medicaid.

Key Features Of BPHC

Target Population

- Intended for individuals who are over the age of 19 with a primary mental health diagnosis and have an income between 100% and 300% of the FPL (projected to be 4,562 individuals)
- Not enrolled in 1915 (c) services
 - Demonstrate need related to managing behavioral and physical health

Care Delivery Model

- Coordination of health care services
 - Logistical support
 - Advocacy and education
 - Referrals to needed services and help accessing those services
- Able to receive services for six months before renewing

Geographic Service Area

Statewide

Benefits

- Full Medicaid benefits along with the following services that must be provided by CMHCs:
- Assessment to determine services needs
 - Development of an Individualized Integrated Care Delivery Plan
 - Referral and related activities to help obtain needed services
 - Monitoring and follow-up
 - Evaluation

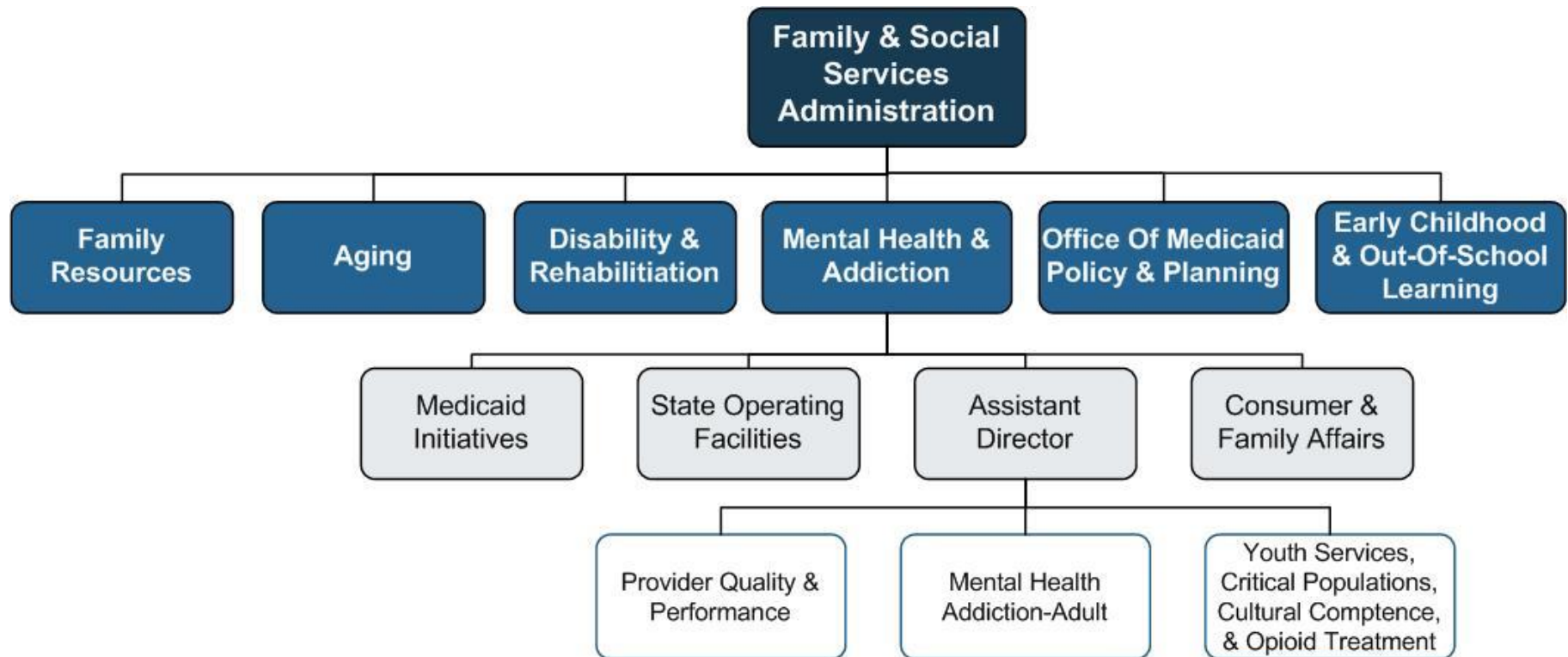
CMHC = Community Mental Health Center

FPL = Federal Poverty Level

SMI = Serious Mental Illness

D. INDIANA BEHAVIORAL HEALTH ADMINISTRATION & FINANCE SYSTEM

31. Division Of Mental Health & Addiction Organizational Chart



32. Division Of Mental Health & Addiction Key Leadership

Name	Position	Department
John Wernert, MD	Secretary	Family & Social Services Administration
Kevin Moore	Director	Division Of Mental Health & Addiction
Terry Cook	Assistant Director	Division Of Mental Health & Addiction
Debbie Hermann	Deputy Director, Medicaid Initiatives	Division Of Mental Health & Addiction
Wendy Harrold	Deputy Director, Provider Quality & Performance	Division Of Mental Health & Addiction
Sirrilla Blackmon	Deputy Director	Office Of Youth Services, Critical Populations, Cultural Competence, & Opioid Treatment Authority
Rebecca Buhner	Deputy Director, Mental Health Addiction-Adult	Division Of Mental Health & Addiction
Mark Newell	Deputy Director, State Operating Facilities	Division Of Mental Health & Addiction
Jill Fuqua	Bureau Chief	Bureau Of Consumer & Family Affairs
Dave Bozell	Assistant Deputy, Operations	Division Of Mental Health & Addiction

33. State Psychiatric Institutions

Institution	Location	Beds	FY 2015 Admissions	FY 2015 Discharges	FY 2015 Average Daily Census
Evansville State Hospital	Evansville	168	67	71	151
Larue D. Carter Memorial Hospital	Indianapolis	136	53	67	120
Logansport State Hospital	Logansport	170	150	161	137
Madison State Hospital	Madison	120	50	53	114
Richmond State Hospital*	Richmond	213	149	162	203
Total		807	469	514	725

*Most recent reporting for Richmond State Hospital is from FY 2013.

FY = Fiscal Year

34. Accountable Care Organizations (ACOs)

Medicare Shared Savings Program

- | | |
|---|--|
| 1. American Health Network Of Ohio Care Organization, LLC | 6. Indiana Lakes ACO |
| 2. Community Health Alliance ACO, LLC | 7. Indiana University Health ACO, Inc. |
| 3. Franciscan Riverview ACO | 8. Select Health Network ACO, LLC |
| 4. Franciscan Union ACO | 9. South Bend Clinic Accountable Care |
| 5. Indiana Care Organization, LLC | |

Medicare Next Generation Model

Deaconess Care Integration, LLC

Commercial

ACO

Franciscan Alliance ACO

Commercial Insurer

- Blue Cross Blue Shield
- Cigna

APPENDIX A: SOURCES



Sources

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A. Health Care Marketplace Overview

1. Physical Health Care Coverage Map

- United States Department of Health and Human Services. (2016, October 18). 2017 QHP Landscape Individual Market Medical. Retrieved November 3, 2016 from <https://www.healthcare.gov/health-plan-information-2017/>
- United State Department of Health and Human Services. (2016, October 18). 2017 QHP Landscape SHOP Market Medical. Retrieved November 3, 2016 from <https://www.healthcare.gov/shop-health-plan-information-2017/>
- United States Department of Health and Human Services. (March 11, 2016). Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. Retrieved March 24, 2016 from <https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf>
- Centers for Medicare and Medicaid Services. (2017, January). SNP Comprehensive Report. Retrieved January 16, 2017 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/Special-Needs-Plan-SNP-Data.html?DLSort=1&DLEntries=10&DLPage=1&DLSortDir=descending>
- Indiana Family and Social Services Administration. (2016, December). Medicaid Monthly Enrollment Reports. Retrieved January 19, 2017 from <http://in.gov/fssa/ompp/4881.htm>
- Health Plans USA. (2016). Subscription Database. Available from <http://www.markfarrah.com/products/health-plans-usa.aspx>

2. Population Demographics

- United States Census Bureau. 2014 Population Estimates. Retrieved May 3, 2016 from <http://www.census.gov/popest/data/state/totals/2014/index.html>
- United States Census Bureau. 2014 Demographic and Housing Estimates. Retrieved May 3, 2016 from <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- United States Census Bureau. State Median Income. Retrieved May 3, 2016 from <https://www.census.gov/hhes/www/income/data/statemedian/index.html>
- United States Census Bureau. Poverty. Retrieved May 3, 2016 from https://www.census.gov/hhes/www/cpstables/032015/pov/pov46_002.htm

3. Population Distribution By Payer: United States v. Indiana

- OPEN MINDS. (2016) Serious Mental Illness Prevalence Estimates.

Sources

(Page 2 Of 8)

A. Health Care Marketplace Overview (Continued)

4. Largest Health Plans By Enrollment

- OPEN MINDS. (2016, November). Health Plans Database
- United States Department of Defense. TRICARE Patient Numbers by State. Retrieved November 30, 2016 from <http://health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State>
- Indiana Family and Social Services Administration. (2016, December). Medicaid Monthly Enrollment Reports. Retrieved January 19, 2017 from <http://in.gov/fssa/ompp/4881.htm>
- Health Plans USA. (2016). Subscription Database. Available from <http://www.markfarrah.com/products/health-plans-usa.aspx>

5. Largest Health Plans By Estimated Serious Mental Illness (SMI) Enrollment

- OPEN MINDS. (2016, November). Health Plans Database
- United States Department of Defense. TRICARE Patient Numbers by State. Retrieved November 30, 2016 from <http://health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State>
- Indiana Family and Social Services Administration. (2016, December). Medicaid Monthly Enrollment Reports. Retrieved January 19, 2017 from <http://in.gov/fssa/ompp/4881.htm>
- Health Plans USA. (2016). Subscription Database. Available from <http://www.markfarrah.com/products/health-plans-usa.aspx>

6. Health Insurance Marketplace

- United States Department of Health and Human Services. (2016, October 18). 2017 QHP Landscape Individual Market Medical. Retrieved November 3, 2016 from <https://www.healthcare.gov/health-plan-information-2017/>
- United State Department of Health and Human Services. (2016, October 18). 2017 QHP Landscape SHOP Market Medical. Retrieved November 3, 2016 from <https://www.healthcare.gov/shop-health-plan-information-2017/>

B. Medicaid System Overview

7. Delivery System, Risk, & Federal Participation

- Information compiled from sources provided throughout the profile.

Sources

(Page 3 Of 8)

B. Medicaid System Overview (Continued)

8. Expansion Decision

- Information compiled from sources provided throughout the profile.

9. Care Coordination Entities

- Information compiled from sources provided throughout the profile.

10. The Uninsured

- Information compiled from sources provided throughout the profile.

11. Organizational Chart

- Indiana Family and Social Services Administration. (2016, July 30). Office of Medicaid Policy and Planning Organizational Chart. Retrieved January 16, 2017 from <https://www.in.gov/fssa/files/OMPP%20Organization%20Chart%202016-09-07.pdf>
- Indiana Family and Social Services Administration. FSSA Organizational Directory. Retrieved January 16, 2017 from <http://www.in.gov/fssa/3441.htm>

12. Key Leadership

- Indiana Family and Social Services Administration. (2016, July 30). Office of Medicaid Policy and Planning Organizational Chart. Retrieved January 16, 2017 from <https://www.in.gov/fssa/files/OMPP%20Organization%20Chart%202016-09-07.pdf>
- Indiana Family and Social Services Administration. FSSA Organizational Directory. Retrieved January 16, 2017 from <http://www.in.gov/fssa/3441.htm>

13. Program Benefits

- Indiana Family and Social Services Administration. Medicaid State Plan. Retrieved January 20, 2017 from [http://www.indianamedicaid.com/ihcp/StatePlan/Attachments and Supplements/Section 3/3.1a_addendum.pdf](http://www.indianamedicaid.com/ihcp/StatePlan/Attachments%20and%20Supplements/Section%203/3.1a_addendum.pdf)

Sources

(Page 4 Of 8)

C. Medicaid Financing & Service Delivery System

14. Overview

- Indiana Family and Social Services Administration. Provider Reference Materials. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx>
- Indiana Family and Social Services Administration. (2016, December). Medicaid Monthly Enrollment Reports. Retrieved January 19, 2017 from <http://in.gov/fssa/ompp/4881.htm>

15. Enrollment By Eligibility Group

- Indiana Family and Social Services Administration. Provider Reference Materials. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx>
- Indiana Family and Social Services Administration. (2015, February 3). Hoosier Care Connect Frequently Asked Questions. Retrieved January 23, 2017 from https://www.in.gov/fssa/files/Hoosier_Care_Connect_FAQ_FINAL.pdf
- Indiana Family and Social Services Administration. (2015, May 14). Healthy Indiana Plan 2.0 Section 1115 Waiver. Retrieved January 23, 2017 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-ca.pdf>

16. Fee-For-Service (FFS) Program: Program Overview

- Indiana Family and Social Services Administration. (2016, December). Medicaid Monthly Enrollment Reports. Retrieved January 19, 2017 from <http://in.gov/fssa/ompp/4881.htm>

17. Fee-For-Service (FFS) Program: Behavioral Health Benefits

- Indiana Family and Social Services Administration. (2016, February 25). Medicaid Rehabilitation Option Services. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/media/155553/medicaid%20rehabilitation%20option%20services.pdf>
- Indiana Family and Social Services Administration. (2016, July 28). Mental Health and Addiction Services. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/media/155556/mental%20health%20and%20addiction%20services.pdf>
- Medicaid and CHIP Payment and Access Commission. (June 2016). State Policies for Behavioral Health Services Covered Under the State Plan. Retrieved January 23, 2017 from <https://www.macpac.gov/publication/behavioral-health-state-plan-services/>

Sources

(Page 5 Of 8)

C. Medicaid Financing & Service Delivery System (Continued)

18. Fee-For-Service (FFS) Program: Serious Mental Illness (SMI) Population

- Indiana Family and Social Services Administration. (2016, July 28). Mental Health and Addiction Services. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/media/155556/mental%20health%20and%20addiction%20services.pdf>
- Indiana Family and Social Services Administration. Adult Mental Health Habilitation Services. Retrieved January 23, 2017 from <http://www.in.gov/fssa/dmha/2876.htm>
- Indiana Family and Social Services Administration. Behavioral and Primary Healthcare Coordination. Retrieved January 23, 2017 from <http://www.in.gov/fssa/dmha/2883.htm>

19. Managed Care Program: Program Overview

- Indiana Family and Social Services Administration. (2016, December). Medicaid Monthly Enrollment Reports. Retrieved January 19, 2017 from <http://in.gov/fssa/ompp/4881.htm>
- Indiana Family and Social Services Administration. Provider Reference Materials. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx>
- Indiana Family and Social Services Administration. (2015, May 14). Healthy Indiana Plan 2.0 Section 1115 Waiver. Retrieved January 23, 2017 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-ca.pdf>

20. Managed Care Program: Healthy Indiana Plan 2.0 (HIP 2.0) Overview

- Indiana Family and Social Services Administration. Provider Reference Materials. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx>
- Indiana Family and Social Services Administration. (2015, May 14). Healthy Indiana Plan 2.0 Section 1115 Waiver. Retrieved January 23, 2017 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-ca.pdf>

Sources

(Page 6 Of 8)

C. Medicaid Financing & Service Delivery System (Continued)

21. Managed Care Program: Healthy Indiana Plan 2.0 (HIP 2.0) Coverage Options

- Indiana Family and Social Services Administration. (2015, May 14). Healthy Indiana Plan 2.0 Section 1115 Waiver. Retrieved January 23, 2017 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-ca.pdf>

22. Managed Care Program: Healthy Indiana Plan 2.0 (HIP 2.0) Coverage Options (Continued)

- Indiana Family and Social Services Administration. (2015, May 14). Healthy Indiana Plan 2.0 Section 1115 Waiver. Retrieved January 23, 2017 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-ca.pdf>

23. Managed Care Program: Behavioral Health Overview

- Indiana Family and Social Services Administration. (2016, February 25). Medicaid Rehabilitation Option Services. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/media/155553/medicaid%20rehabilitation%20option%20services.pdf>
- Indiana Family and Social Services Administration. (2016, July 28). Mental Health and Addiction Services. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/media/155556/mental%20health%20and%20addiction%20services.pdf>
- Medicaid and CHIP Payment and Access Commission. (June 2016). State Policies for Behavioral Health Services Covered Under the State Plan. Retrieved January 23, 2017 from <https://www.macpac.gov/publication/behavioral-health-state-plan-services/>

24. Managed Care Program: Behavioral Health Benefits

- Indiana Family and Social Services Administration. (2016, February 25). Medicaid Rehabilitation Option Services. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/media/155553/medicaid%20rehabilitation%20option%20services.pdf>
- Indiana Family and Social Services Administration. (2016, July 28). Mental Health and Addiction Services. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/media/155556/mental%20health%20and%20addiction%20services.pdf>
- Medicaid and CHIP Payment and Access Commission. (June 2016). State Policies for Behavioral Health Services Covered Under the State Plan. Retrieved January 23, 2017 from <https://www.macpac.gov/publication/behavioral-health-state-plan-services/>

Sources

(Page 7 Of 8)

C. Medicaid Financing & Service Delivery System (Continued)

25. Managed Care Program: Serious Mental Illness (SMI) Population

- Indiana Family and Social Services Administration. (2016, July 28). Mental Health and Addiction Services. Retrieved January 23, 2017 from <http://provider.indianamedicaid.com/media/155556/mental%20health%20and%20addiction%20services.pdf>
- Indiana Family and Social Services Administration. Adult Mental Health Habilitation Services. Retrieved January 23, 2017 from <http://www.in.gov/fssa/dmha/2876.htm>
- Indiana Family and Social Services Administration. Behavioral and Primary Healthcare Coordination. Retrieved January 23, 2017 from <http://www.in.gov/fssa/dmha/2883.htm>

26. Care Coordination Initiatives

- Centers for Medicare and Medicaid Services. (2016, September). Approved Medicaid Health Home State Plan Amendments. Retrieved January 19, 2017 from https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/hh-map_v55.pdf
- Henry J. Kaiser Family Foundation. (2015, October). Medicaid Reforms to Expand Coverage, Control Costs, and Improve Care. Retrieved January 19, 2017 from <http://files.kff.org/attachment/report-medicaid-reforms-to-expand-coverage-control-costs-and-improve-care-results-from-a-50-state-medicaid-budget-survey-for-state-fiscal-years-2015-and-2016>

27. 1115 & 1915 (B) Program Waivers Impacting The SMI Population

- Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved January 19, 2017 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

28. 1915 (C) Program Waivers Impacting The SMI Population

- Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved January 19, 2017 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

Sources

(Page 8 Of 8)

C. Medicaid Financing & Service Delivery System (Continued)

29. Program Waivers: Adult Mental Health Habilitation (AMHH) Services

- Indiana Family and Social Services Administration. Adult Mental Health Habilitation Services. Retrieved January 23, 2017 from <http://www.in.gov/fssa/dmha/2876.htm>

30. Program Waivers: Behavioral & Primary Healthcare Coordination (BPHC)

- Indiana Family and Social Services Administration. Behavioral and Primary Healthcare Coordination. Retrieved January 23, 2017 from <http://www.in.gov/fssa/dmha/2883.htm>

D. Behavioral Health Administration & Finance System

31. Division Of Mental Health & Addiction Organizational Chart

- Indiana Family and Social Services Administration. (2016, December 15). Division of Mental Health and Addiction Organizational Chart. Retrieved January 18, 2017 from http://www.in.gov/fssa/dmha/files/DMHAOrganizational_Chart.pdf

32. Division Of Mental Health & Addiction Key Leadership

- Indiana Family and Social Services Administration. (2016, December 15). Division of Mental Health and Addiction Organizational Chart. Retrieved January 18, 2016 from http://www.in.gov/fssa/dmha/files/DMHAOrganizational_Chart.pdf

33. State Psychiatric Institutions

- Indiana Family and Social Services Administration. State Psychiatric Hospitals. Retrieved January 18, 2016 from <http://www.in.gov/fssa/dmha/4325.htm>

34. Accountable Care Organizations (ACOs)

- OPEN MINDS Database