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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 23-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 19, 2023

Cora Steinmetz
Medicaid Director
Indiana Office of Medicaid Policy and Planning
Indiana Family and Social Services Administration
402 West Washington Street, Room W374
Indianapolis, IN 46204

Re: Indiana State Plan Amendment (SPA) 23-0007

Dear Director Steinmetz:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0007. This amendment proposes to add a mobile crisis program to the Medicaid state plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 USC 1396w-6. This letter is to inform you that Indiana Medicaid SPA 23-0007 was approved on September 19, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Mai Le-Yuen at 312.353.2853 or via email at Mai.Le-Yuen@cms.hhs.gov.

Sincerely,



Digitally signed by
James G. Scott -S
Date: 2023.09.19
10:07:43 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Madison May Gruthusen
Keith McConomy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

~~T~~ N 23 0 0 0 7

2. STATE

IN

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 USC 1396w-6

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 260,000
b. FFY 2024 \$ 320,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A, Addendum Pages 9c.4 - 9c.6

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

New

9. SUBJECT OF AMENDMENT

This State Plan Amendment will implement the Mobile Crisis program.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Allison Taylor

13. TITLE
Medicaid Director

14. DATE SUBMITTED
June 30th, 2023

15. RETURN TO

Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204
Attn: Conner Ortman, Government Affairs Analyst

FOR CMS USE ONLY

16. DATE RECEIVED

June 30, 2023

17. DATE APPROVED

September 19, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature] Digitally signed by James G. Scott -S
Date: 2023.09.19 10:08:08 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Box 1: State gave permission for pen & ink change on 9/15/23.
Box 5: State gave permission for pen & ink change on 9/15/23.

Mobile Crisis Services

Mobile crisis services, authorized under 42 CFR 440.130(d), are mobile, face-to-face, home and community-based interventions that serve individuals experiencing a mental health or substance use-related crisis. Mobile crisis services must be recommended by a physician or other licensed practitioner and consist of a multidisciplinary team of trained providers who arrive and respond to mental health/substance use crises in the community operating 24-hours, 7 days per week. Services must be provided to individuals outside of a hospital or other facility settings including community mental health centers.

Mobile crisis services are tailored to meet the needs of the individual and may include:

- Triage/Screening: Screening to determine the level of risk faced by the individual in crisis and assessing the most appropriate response.
- Assessment: Collects information on the circumstances of the crisis event, safety and risk related to the individual and others involved, medication and substance use, strengths and resources of the individual, recent inpatient hospitalizations or mental health services, mental health conditions, medical history, and other pertinent information.
- De-escalation through brief counseling: Brief counseling techniques specific to the crisis that aims to lower risks and resolve the crisis so that a higher level of care is not needed.
- Care Coordination: Linkage of the individual in crisis to ongoing services to address the identified need(s). Services may include referrals for crisis stabilization, inpatient hospitalization, acute detoxification services, residential treatment services, recovery support services, medication services, home-based services, outpatient services, respite services, housing, and follow-up contacts.
- Crisis Intervention: Crisis assessment, crisis planning, and counseling specific to the crisis.
- Safety Planning: Engagement of the individual in a crisis planning process, resulting in the creation or update of planning tools, including an individualized safety plan. The safety plan aims to keep an individual in crisis and their environment safe and may include lethal means counseling, and other evidence-based interventions.
- Peer Recovery Support: Support provided by paraprofessional with lived experience with mental health and/or substance use disorder concerns.
- Medication Training and Support: Monitoring medication compliance, providing education and training about medications, monitoring medication side effects, and providing other

nursing/medical assessments. Allows for monitoring of medication-assisted treatment (MAT) and/or psychotropic medication services.

- Follow-up stabilization services: Follow up contacts in-person, via phone, or telehealth up to 14 days following initial crisis intervention. These services include coordination/warm hand-offs with identified resource needs (such as insurance navigation, housing, benefits and entitlements, physical health concerns, educational and/or vocational supports) which are intended to address precipitating mental health or substance use disorder factors leading to the crisis.

Mobile crisis teams are designated by the Division of Mental Health and Addiction (DMHA) and may include law enforcement-based co-responder behavioral health teams. Mobile crisis teams must include a minimum of two individuals with one individual able to perform an assessment within their scope of practice under Indiana state law. In accordance with Indiana state law mobile crisis teams must include:

- Individuals certified in Peer Recovery Services: Self-identified consumers who are in recovery from mental illness and/or substance use disorders, are trained in a basic set of competencies necessary to perform the peer support function, have demonstrated the ability to support the recovery of others from mental illness and/or substance use disorders, and receive continuing and ongoing education as approved by the DMHA; and
- At least one of the following:
 - Behavioral health professional licensed under Indiana state law, including marriage and family therapists, social workers, mental health counselors, addiction counselors and clinical addiction counselors
 - Other behavioral health professional (OBHP) as defined in Indiana Administrative Code working under a community mental health center (CMHC).
 - Emergency medical services personnel licensed in accordance with Indiana state law
 - Teams may include Community Health Workers certified by national certification programs that meet the state established Community Health Workers core competencies.

Mobile crisis services must be provided under the supervision of:

- Behavioral health professional licensed in accordance with Indiana state law;
- Licensed physician; or
- Licensed advanced practice nurse or clinical nurse specialist.

Supervision may be performed remotely.

All members of a mobile crisis team must complete state training on

person-centered care, trauma-informed care, de-escalation strategies, and harm reduction.