

State of Indiana
Indiana Family and Social Services Administration (FSSA), Division of Mental
Health and Addiction (DMHA)
Certified Community Behavioral Health Clinics (CCBHC) Demonstration Site
Phase 2 Application for Current Pilot CCBHCs
Letter of Intent Form

Please insert responses in the provided yellow boxes. Return this form by email to the CCBHC Questions Inbox (CCBHCQuestions@fssa.IN.gov) no later than **06/13/2025**. The subject line of the email submission must clearly state the following: “CCBHC Demonstration Site Phase 2 LOI - [INSERT RESPONDENT NAME].”

Please complete the following general contact information:

Applicant Information	
Organization Name	
Single Point of Contact for Related Communications	
Contact Name	
Contact Title	
Contact Phone	
Contact E-Mail Address	
Contact Mailing Address	
Attestation of Point of Contact's Authority to Submit the Letter of Intent	
Applicant's Point of Contact must be legally authorized to sign on behalf of the organization through the organization bylaws or an organizational resolution adopted by the board of directors. Please confirm that the above Point of Contact has the authority to represent your organization's interest in submitting the Letter of Intent.	

Mark **one** of the following:

We do plan to apply for consideration to expand our CCBHC geographic service area.	
We do not plan to apply for consideration to expand our CCBHC geographic service area.	

If you indicated you plan to respond, please share an overview of your current geographic service areas and potential expanded geographic service areas:

Please provide your current geographic county service areas.	
Please provide the name(s) of the site(s) and location(s) for your potential expanded geographic service areas.	
Please provide your proposed geographic county service areas.	

Attestation Statements

Please attest to your ability to collaborate with the State to achieve CCBHC readiness to meet all State requirements for new sites. Further requirements will be listed in the CCBHC Expansion Site Application.

We will collaborate with the State to achieve CCBHC readiness for proposed sites, including but not limited to meeting all CCBHC requirements in the expanded service area(s), making any necessary revisions to cost proposals or Designation documentation, and making any necessary updates to billing and data systems to support new site(s) as applicable.	
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I have read, understand and accept all the terms of the above statements:

Contact Signature: _____

Contact Name: _____

Date of Attestation: _____