

**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 Non-Pilot CMHCs**  
**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](mailto: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:

<b>Applicant Information</b>	
Organization Name	
<b>Single Point of Contact for Related Communications</b>	
Contact Name	
Contact Title	
Contact Phone	
Contact E-Mail Address	
Contact Mailing Address	
<b>Attestation of Point of Contact's Authority to Submit the Letter of Intent</b>	
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 <b>do</b> plan to respond to apply for consideration to be a <b>CCBHC Demonstration Site</b> .	
We <b>do not</b> plan to respond to apply for consideration to be a <b>CCBHC Demonstration Site</b> .	

Reason if <b>no</b> :	
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### Attestation Statements

Please attest to your ability to complete the following requirements necessary to apply to become a CCBHC Demonstration Site. The requirements below are not an exhaustive list of expectations for CCBHC Demonstration Sites in Indiana but represent the attestations the State must receive in order to proceed with sharing the CCBHC Demonstration Site Application. Please attest your organization's commitment to meet the following requirements.

- I. Obtain **Mobile Crisis Designation** by the start of participation in the Demonstration Program. Please mark one of the following:

We currently have a Mobile Crisis Designation.	
We do not currently have a Mobile Crisis Designation.	

- II. Complete a **Community Needs Assessment** within three years of anticipated start date of participation in the Demonstration Program (between January 2023 to January 2026 and submit a completed Community Needs Assessment in application. The State expects the prospective CCBHC Demonstration Site to have performed the Community Needs Assessment in accordance with federal and State expectations.

Please provide the date of your most recently completed Community Needs Assessment.	
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- III. Provide services in your **geographic service area**.

Please provide the name(s) of the site(s) and location(s) for your proposed geographic service areas.	
Please provide your proposed geographic county service areas your site(s) would serve.	

- IV. Participate in required **CCBHC Demonstration** readiness activities and collaborate with the State during the Demonstration Program, to be further detailed in application.

- V. Obtain **CCBHC Designation** by the start of participation in the Demonstration Program.
- VI. Submit a preliminary **cost report** in application and participate in the cost reporting process in order to obtain a PPS rate by the start of participation in the Demonstration Program.

**As a prospective CCBHC Demonstration Site applicant, I have read, understand and accept all the terms of the above statements:**

Contact Signature: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date of Attestation: \_\_\_\_\_