



Behavioral Health

Addressing the country's behavioral health crisis is a key priority for CMS. Medicaid and CHIP are the largest national payers for behavioral health services, paying for **more than a quarter** of the country's behavioral health services. And behavioral health conditions affect people of all ages: About **one in five people** over age 65 lives with a mental health condition such as depression, anxiety, dementia, schizophrenia, and bipolar disorder. About 8 percent of people with Medicare younger than 65 and 2 percent of those 65 and older have a **substance use disorder (SUD)**.

The CMS behavioral health domains below translate the CMS **Behavioral Health Strategy** goals into a framework focused on outcomes. These investments also advance the **HHS Roadmap for Behavioral Health Integration** and the **HHS Overdose Prevention Strategy**.

CMS Behavioral Health Key Results

Coverage and Access to Care

- **Enhancing Access to Telehealth Services:**

Telehealth services can significantly expand access to behavioral health services, including for people in rural areas. In Medicare, CMS finalized policies related to changes in law that permanently expanded access to telehealth for behavioral health services starting in 2022. CMS released **guidance** and a **supplement** detailing flexibilities in Medicaid and CHIP that states can use to expand telehealth services, including behavioral health services. CMS also released **guidance** related to nondiscrimination and continues to monitor telehealth as it pertains to the delivery of benefits and how it may impact access to **Essential Health Benefits**.

- **Promoting School-Based Services:**

School-based services represent a key opportunity to provide care to children and youth where they are. CMS released a school-based services **guide** and **fact sheet**, which include guidance on how states can expand access to Medicaid health services in school, including

behavioral health services. CMS is also awarding grants to states and establishing a **technical assistance center** in coordination with the Department of Education to expand school-based health services. These initiatives build on previous **guidance**, encouraging states to make Medicaid payment available to support a fuller array of Medicaid services in schools, including behavioral health care.

- **Strengthening crisis services:**

Crisis care is a crucial piece of behavioral health care. CMS has issued Medicaid **planning grants** and **guidance** and is working with states to make available enhanced federal Medicaid matching funds for qualifying, community-based mobile crisis intervention services. **Assistance** with the administrative costs of operating crisis access lines, including connecting to the **988 National Suicide Prevention Lifeline** is also available. CMS included the 988 lifeline in the "Medicare & You" **Handbook**, and CMS has also proposed increased Medicare payment for crisis services in certain settings starting in 2024.

- **Encouraging Interprofessional Access:**

The country is experiencing widespread provider shortages. CMS issued **guidance** to states on Medicaid and CHIP coverage and

direct reimbursement for interprofessional consultations, making it easier to integrate behavioral health into a wider variety of settings and leverage current practitioners. In Medicare, CMS now pays for clinical psychologists and licensed clinical social workers to provide behavioral health integration services in primary care settings. CMS has proposed changes in law allowing marriage and family therapists and mental health counselors to enroll in and bill Medicare.

- Contingency Management:**
To increase access to new SUD treatments, CMS has issued several approvals under the Medicaid Section 1115 demonstration authority that authorize coverage of “contingency management,” an evidence-based treatment that provides motivational incentives to treat people living with stimulant disorders to reinforce positive behavior changes that promote recovery.
- Supporting Re-Entry and Care Transitions for Justice-Involved Individuals:**
Many incarcerated people have behavioral health conditions. CMS released **guidance** on a Medicaid Section 1115 demonstration opportunity allowing Medicaid to cover certain short-term, pre-release services for eligible incarcerated individuals to help facilitate health care community transitions. CMS also finalized new **special enrollment periods** for Medicare Part B (and Part A individuals who pay a premium for Part A) for previously incarcerated individuals.
- Supporting a Full Continuum of Care:**
CMS has used the Section 1115 demonstration authority in Medicaid to help states to ensure access to a full array of levels of care for beneficiaries with mental health (MH) and SUD, including inpatient and residential treatment settings, as well as intensive outpatient and community-based recovery supports, while incentivizing the provision of evidence-based treatments including medication-assisted treatment (MAT). CMS has also recently proposed to implement statutory changes to establish the Intensive Outpatient Program (IOP) in Medicare.

- Addressing Pain:**
Nearly 80% of Medicare beneficiaries report experiencing chronic pain that interferes with function. CMS finalized new 2023 **payment codes** in Medicare for monthly chronic pain management and treatment services. CMS **finalized** separate payment in the ambulatory surgical center setting for five non-opioid pain management drugs starting in 2023. CMS also issued **guidance** to states describing how to increase coverage of non-opioid pain management treatments.
- Behavioral Health in Medicare Advantage (MA):**
CMS finalized policies to require that care coordination programs established by MA organizations must include behavioral health services to move toward parity between behavioral health and physical health services and advance whole-person care. CMS also **finalized policies** for 2024 to strengthen network adequacy requirements, such as by adding Licensed Clinical Social Workers and Clinical Psychologists as specialty types, reaffirming MA organizations’ responsibilities for behavioral health services and codifying wait-time standards, among other policies.

Quality of Care

- Behavioral Health Care in Nursing Homes:**
CMS is working to ensure that required, high-quality behavioral health care is provided in nursing homes. In 2022 HHS **announced** a funding opportunity between CMS and SAMHSA to establish a program to strengthen the delivery of behavioral health care in nursing homes. CMS also updated **guidance** to surveyors to help meet the needs of residents with behavioral health needs, and CMS is conducting audits to reduce the use of unnecessary antipsychotics.
- Expanding Access to Behavioral Health Providers:**
CMS’ 2024 Notice of Benefit and Payment Parameters **final rule** expands access to behavioral health in the Marketplace by including two new provider categories with which

Marketplace plans must sufficiently contract: substance use disorder treatment centers and mental health facilities.

- **Building a Universal Foundation:** CMS **announced** plans to create a “Universal Foundation” of quality measures to ensure that care is targeted and focuses providers’ attention on meaningful measures across CMS quality programs. This will allow for the identification of disparities, cross-program comparisons, and identification of measurement gaps for behavioral health, care coordination, and person-centered care.
- **Measuring Quality in Home and Community-Based Services (HCBS):** CMS issued guidance on a voluntary HCBS quality measure set to promote consistent quality measurement within and across state Medicaid **HCBS** programs, including for people with behavioral health needs.

Equity and Engagement

- **Testing innovative care delivery and payment models through CMS Innovation Center:**
 - **Integrated Care for Kids Model:** Launched in 2020, this child-centered model aims to meet physical and behavioral health needs in children, reduce expenditures, and improve quality of care.
 - **Value in Opioid Use Disorder Treatment:** Demonstration for Medicare and dual-eligible beneficiaries, with 47 participating entities, aims to increase access to opioid-use disorder (OUD) treatment, including the use of MAT, and improve mental health outcomes.
 - **Maternal Opioid Misuse (MOM) Model:** MOM aims to improve care and reduce costs for pregnant and postpartum women with opioid-use disorders, addressing fragmentation through a state-driven transformation of the delivery system while supporting the coordination of care.

- **Health-Related Social Needs (HRSN):** HRSN are important factors influencing the health of an individual. CMS published **guidance** on the use of in-lieu-of services and settings in Medicaid managed care to address unmet HRSN, and issued a **guide** for addressing HRSN in Section 1115 demonstrations in Medicaid. CMS also proposed new coding and payment for social determinants of health risk assessments and community health integration in Medicare.
- **Leveraging Human-Centered Design:** CMS released **illustrations** that convey the experience of living with behavioral health conditions, including depicting the journey of people living with chronic pain and three related to living with SUD.

Data and Analytics

- **Mapping Medicare Disparities:** CMS maintains an **interactive map**, the Mapping Medicare Disparities (MMD) Tool, which identifies differences in care among demographic groups. The tool includes options to search for depression, psychotic disorders, dementia, and other behavioral health conditions.
- **Disparities in Opioid Use Disorder (OUD) treatment:** Two data highlights were released exploring disparities in OUD treatment:
 - **Access to Medication for Opioid Use Disorder (MOUD) Among Medicare Fee-for-Service Beneficiaries: Influence of CARES Act Implementation (2020).**
 - **Changes in Access to Medication Treatment during COVID-19 Telehealth Expansion.**
- **Understanding SUD in Medicaid:** CMS released the most recent annual Transformed Medicaid Statistical Information System (T-MSIS) **Substance Use Disorder (SUD) Data Book** with data on Medicaid beneficiaries treated for any SUD and the services they received; an **interactive data analytics tool** has a static display.