



Behavioral Health

Addressing the country's behavioral health crisis is a key priority for CMS. Medicaid and the Children's Health Insurance Program (CHIP) are the largest national payers for behavioral health services, financing **more than a quarter** of the country's behavioral health services. 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, and 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 has finalized policies related to changes in law that permanently expanded access to telehealth for behavioral health services. CMS also finalized Medicare payment for buprenorphine initiation through telecommunications (rather than just in person) to improve access to care. CMS released **guidance** related to nondiscrimination and continues to monitor telehealth as it pertains to the delivery of benefits and how it may impact nondiscriminatory access to **Essential Health Benefits**. CMS also **posted** an updated toolkit on Medicaid and CHIP and telehealth.
- **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 schools. CMS is also awarding grants to states and established 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 aspect of behavioral health care. CMS has issued Medicaid state **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 is also developing additional guidance on how Medicaid and CHIP can support various levels of crisis response. In addition, CMS issued updated guidance on how states can support Certified Community Behavioral Health Clinics (CCBHCs) to provide improved crisis response services. CMS included the 988 lifeline in the "Medicare & You" **Handbook**. In Medicare, CMS finalized policies for 2024 related to changes in law to increase payments for psychotherapy for crisis services when furnished in locations other than health care facilities and physicians' offices such as the home.

- **Encouraging Interprofessional Consultation with Specialists:** The country is experiencing widespread shortages of behavioral health providers. 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 2024, CMS has finalized policies related to changes in law allowing marriage and family therapists and mental health counselors to enroll in and bill Medicare. Medicare also now pays for clinical psychologists, licensed clinical social workers, marriage and family therapists, and mental health counselors to provide behavioral health integration services in primary care settings.
- **Contingency Management:** To increase access to a broader array of SUD treatments, CMS has approved several state Medicaid section 1115 demonstrations to cover “contingency management,” an evidence-based treatment that provides motivational incentives to treat people with substance use disorders for which the contingency management benefit is medically necessary based on fidelity to evidence-based practices 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 people to help facilitate health care transitions into the community. 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 provide access to a full array of levels of care for Medicaid beneficiaries with mental health (MH) conditions and/or SUD, including inpatient and residential treatment settings, as well as intensive outpatient treatment and community-based recovery supports, while

incentivizing the provision of evidence-based treatments including medication for opioid use disorder (MOUD). While CMS has historically covered inpatient psychiatric admissions, and the Agency also recently finalized new changes to establish Intensive Outpatient Program (IOP) services in Medicare.

- **Addressing Pain:** Nearly 80% of Medicare beneficiaries report experiencing chronic pain that interferes with function. CMS finalized coding and **payment** in Medicare for monthly chronic pain management and treatment services.
- **Behavioral Health in Medicare Advantage (MA):** CMS finalized policies for 2024 to require that MA organizations must establish care coordination programs, which must include behavioral health services, to help move toward parity between behavioral health and physical health services and advance whole-person care. CMS also **finalized policies** for 2024 reaffirming MA organizations’ responsibilities for behavioral health services, codifying appointment wait-time standards, and reducing the burden of prior authorization, among other policies.

Quality of Care

- **Behavioral Health Care in Nursing Homes:** CMS is working to ensure that high-quality behavioral health care is provided to nursing home residents. In 2022 HHS announced a funding opportunity between CMS and the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish a program to strengthen the delivery of behavioral health services in nursing homes. The **program** is in its second year of the grant and has provided hundreds of consultations to nursing homes and held several trainings on various mental health and substance use topics. To date, the program has trained thousands of participants and organizations.
- **Expanding Access to Behavioral Health Providers:** CMS’s 2024 Notice of Benefit and Payment Parameters **final rule** expands access to behavioral health in the **health insurance Marketplace** by establishing two additional major essential community provider categories

for plan year 2024 and beyond, substance use disorder treatment centers and mental health facilities. In MA, CMS also **proposed** to add a range of behavioral health providers under one category called “Outpatient Behavioral Health” as a specialty for which CMS sets MA plan network adequacy standards. This builds on MA network adequacy policies in 2024 that added Licensed Clinical Social Workers and Clinical Psychologists as new specialty types.

- **Reporting “Core” Quality Measures in Medicaid:** CMS issued a **final rule** outlining requirements for mandatory state reporting on the Core Set of Health Care Quality Measures for Children in Medicaid and CHIP and the behavioral health measures of the Adult Core Set starting in 2024. This required reporting will lead to standardized quality measures being available for all states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and Guam. In 2023, CMS also issued a **State Health Official (SHO) letter** which provided further guidance and outlined expectations for submission of states’ quality measure data.
- **Building a Universal Foundation:** CMS continues to work on the “**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.
- **Improving Delivery of Tobacco Cessation Services:** CMS released a Center for Medicaid and CHIP Services (CMCS) **informational bulletin** to highlight strategies that states have used to improve the delivery of tobacco cessation services to help people with Medicaid or CHIP quit smoking. The bulletin also provides an overview of program coverage requirements and quality measures and resources that states can use to measure and drive improvement in tobacco cessation services. There are new **quality improvement resources on tobacco cessation on Medicaid.gov**.

Equity and Engagement

- **Testing innovative care delivery and payment models through the CMS Innovation Center:**
- **Recently Announced Models**
 - **Innovation in Behavioral Health (IBH) Model:** IBH is focused on improving quality of care and behavioral and physical health outcomes for people with Medicaid and Medicare with moderate to severe mental health conditions and substance use disorder (SUD) and seeks to bridge the gap between behavioral and physical health.
 - **Making Care Primary (MCP) Model:** The MCP model will enhance access and quality of primary care and improve the health system to address priorities specific to communities including care management for chronic conditions, behavioral health services, and health care access for rural residents.
- **Existing Models**
 - **Integrated Care for Kids (InCK) Model**
 - **Value in Opioid Use Disorder Treatment (Value in Treatment) Model**
 - **Maternal Opioid Misuse (MOM) Model**
 - **Guiding an Improved Dementia Experience (GUIDE) Model**
- **Health-Related Social Needs (HRSN):** HRSN are important factors influencing the health of every person. 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.
- **Health Equity and Patient Experience Measures:** Medicare’s Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program adopted several health equity measures in the Fiscal Year 2024 rule, as part of CMS’s efforts

toward the goal of all people with Medicare receiving high quality health care, regardless of individual characteristics, and aligning health equity measures across programs. These are Facility Commitment to Health Equity, Screening for Social Drivers of Health, and Screen Positive Rate for Social Drivers of Health. A “patient experience” measure was also added to IPFQR the program encompassing four domains, Relationship with Treatment Team, Nursing Presence, Treatment Effectiveness, and Healing Environment.

- **Leveraging Human-Centered Design:** CMS released four behavioral health **illustrations** showing the experience of people living with behavioral health conditions on individuals, the people in their lives, and providers of care and services. CMS co-created these illustrations with external interested parties using interviews, site visits, and observations. The goal is to visually highlight barriers to accessing prevention, treatment, and recovery services for individuals with substance use disorders, and access to care and service barriers for people living with chronic pain.

Data and Analytics

- **Mapping Medicare Disparities Tool:** CMS maintains a user-friendly, **interactive map** called the Mapping Medicare Disparities (MMD) Tool, which identifies areas of disparities between subgroups of Medicare enrollees (e.g., racial and ethnic groups, sex, dual eligibility status, age) in health outcomes, utilization, and spending. The tool includes options to search in specific geographic areas for depression, tobacco use disorders, dementia, and other behavioral health conditions. In 2024, two new behavioral health conditions, alcohol use disorder and drug use disorder, were added to the MMD Tool.
- **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**. Under recently enacted legislation, these annual CMS activities to publicize findings based on Medicaid claims data will be expanded to include mental health as well as SUDs.