



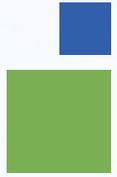
Medicare 501:

Presented by NBCC and NCMW

New Engagement Opportunities for Community Behavioral Health Centers With Counselors and MFTs Under Medicare

Sponsored by the Medicare Mental Health Workforce Coalition / Presented by NBCC and NCMW

Oct. 5, 2023



Meeting Details

1

Closed Captioning is enabled and attendees can turn CC on or off as they desire.

2

Interpreter Phone Number: 305-224-1968 Webinar ID: 832 2423 3867 Passcode: 657641

3

Session Evaluation / [Take Our Evaluation Survey](#) ➡ (CE credit for live attendance only)

4

Webinar will be posted on NBCC website a few days following the webinar.

[Medicare 101 Video](#) ➡

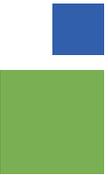
[Medicare 201 Video](#) ➡

[Medicare 301 Video](#) ➡

[Medicare 401 Video](#) ➡

5

Q&A: Please add your questions in the Q&A box at any time during the meeting.



Medicare Mental Health Workforce Coalition Members

American Association for Marriage and Family Therapy

American Counseling Association

American Mental Health Counselors Association

Association for Behavioral Health and Wellness

California Association of Marriage and Family Therapists

Centerstone

Center for Medicare Advocacy

Michael J. Fox Foundation for Parkinson's Research

National Association for Rural Mental Health

National Association of Community Health Centers

National Association of County Behavioral Health and Developmental Disability Directors

National Board for Certified Counselors

National Council for Mental Wellbeing

National Council on Aging

Network of Jewish Human Service Agencies

The Jewish Federations of North America

Learning Objectives

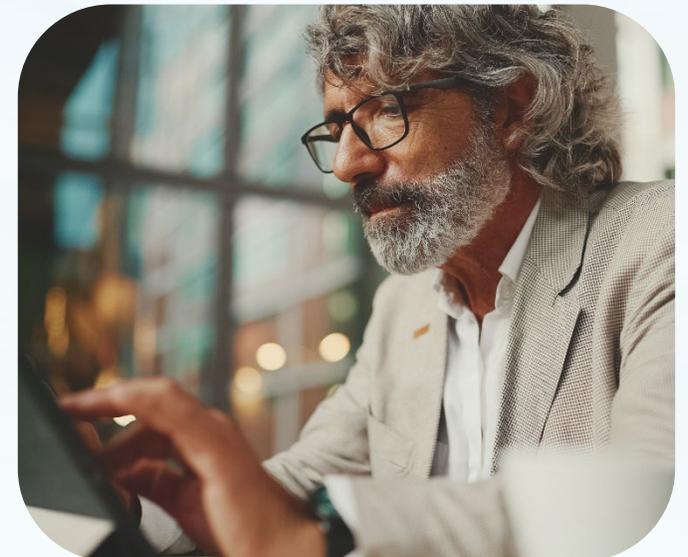
After this webinar, attendees will be able to:

Identify the roles that community behavioral health centers play.

Identify services that Medicare beneficiaries receive through community behavioral health systems and how providers currently receive reimbursement.

Highlight the skills, expertise, and experience of MFTs and counselors.

Identify roles MFTs and counselors can play in addressing the needs of older adults served by community behavioral health centers.





Stephanie Katz, Esq.



Stephanie Katz is the Assistant Vice President for Policy and Advocacy at the National Council for Mental Wellbeing, where she specializes in access to mental health and substance use disorder services, federal programs, and political strategy.

Katz worked previously for The Michael J. Fox Foundation for Parkinson's Research where she focused on the provision of health care services and pharmaceuticals, specifically through the Medicare program, and in the House of Representatives as a Legislative Assistant specializing in health care. Additionally, Katz is a former Deputy Prosecuting Attorney. Katz has a Master of Public Health from George Washington University, a Juris Doctorate from Santa Clara University, and a Bachelor of Arts in Psychology from the University of Southern California.

Jill Duba Sauerheber

Jill Duba Sauerheber is a Professor and Department Head of the Department of Counseling and Student Affairs at Western Kentucky University. Dr. Sauerheber is a Licensed Professional Clinical Counselor (LPCC)-S, a NCC, a Somatic Experiencing Practitioner (SEP), Eye Movement Desensitization and Reprocessing certified, and Brainspotting certified. She is a Certified Brain Health Professional through Amen University and completed training in Functional Medicine, Neurofeedback and Gottman Couples Therapy. Dr. Sauerheber is a graduate of the Harvard Graduate School of Education Management Development Program and has an extensive record of research and scholarship related to couples and family counseling, marital satisfaction, trauma-informed practice, and counselor education. She has authored and co-authored over 45 peer-reviewed journal articles and 4 books and has conducted over 50 scholarly international and national presentations. Dr. Sauerheber is the past president of the North American Society of Adlerian Psychology, as well as the co-founder and past president of the Kentucky/Tennessee Society of Adlerian Psychology. She served as a member of the International Association of Marriage and Family Counselors Board; a Site Team Member for CACREP; Co-Chair of the ACA Professional Standards Committee; and as member of various peer reviewed journal editorial boards. She maintains a private practice and enjoys integrating mind, body, brain approaches.





Erin Schaefer

Erin Schaefer, LPCC-S, IMFT-S, is the executive vice president/executive director at Catalyst Life Services. She received a master's degree in marriage and family therapy from Pacific Lutheran University in 1997 and a master's degree in marriage and family therapy/counseling in 2002 from the University of Akron. Schaefer has worked in community mental health for over 20 years. She was previously director of Ashland Parenting Plus, a small nonprofit agency focused on teen pregnancy prevention, juvenile diversion, and parent education. She served on the board and as president of the Ohio Association for Marriage and Family Therapy and on the board of directors of the American Association for Marriage and Family Therapy (AAMFT). She has been a member of AAMFT since 1997 and is an AAMFT Clinical Fellow.

**Medicare 501:
New Engagement Opportunities for
Community Behavioral Health Centers with
Counselors and MFTs Under Medicare**

National Council for Mental Wellbeing
Stephanie Katz, JD, MPH



National Council for Mental Wellbeing

National Council is a membership organization that drives policy and social change on behalf of **nearly 3,200 mental health and substance use treatment organizations** and the **more than 10 million children, adults, and families they serve**. We are committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery, and we advocate policies to ensure equitable access to high-quality services, build the capacity of mental health and substance use treatment organizations, and promote a greater understanding of mental wellbeing as a core component of comprehensive health and health care.



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What are Community Mental Health Centers?

A **community mental health center** (CMHC, also referred to as a community behavioral health organization) is a facility or facilities that are community-based and provide mental health and substance use services, sometimes as an alternative to the care that hospitals provide.

According to SAMSHA, there are **over 2,700 CMHCs** operating across the U.S.

Professionals employed by CMHCs include social workers, psychiatrists, counselors, MFTs, psychologists, and peer support specialists. CMHCs also contract with other providers in the community for their services and refer clients to other types of providers such as residential treatment centers.

Services offered by CMHCs include:

- Diagnostic evaluation
- Screening for possible admission to a mental health facility
- Emergency care
- Crisis intervention services
- Psychotherapy
- Partial hospitalization or day treatment
- Psychosocial rehabilitation
- Medication management
- Substance abuse treatment

Community Mental Health Centers – Funding

Federal Funding:

Federal funding for CMHCs is provided through Medicare, Medicaid, and SAMHSA.

State Funding:

States contribute funding to CMHCs through various means, including general fund allocations, Medicaid matching funds, and state-specific mental health grants.

Local Funding:

Some CMHCs also receive funding from local governments. This funding can be used to support the operation of CMHCs and may be supplemented by local property taxes or other revenue sources.

Private Funding:

Some CMHCs seek additional funding through grants from private foundations, philanthropic organizations, and individual donations. These funds can be used to support specific programs, research initiatives, or capital improvements.



CMHCs – Services for Older Adults

- **Medication Management:** Clinics with prescribing clinicians often provide medication management for older adults with mental health/substance use conditions.
- **Counseling and Support:** Counselors can provide counseling and emotional support to help older adults navigate life transitions, grief and loss, caregiver stress, and other psychosocial issues.
- **Collaboration with Geriatric Specialists:** Collaboration with geriatric specialists, such as geriatricians and neuropsychologists, can assist in managing complex cases involving both mental health/substance use and physical health issues.
- **Cognitive-Behavioral Interventions:** For older adults with cognitive impairments or dementia, some clinics offer interventions aimed at improving cognitive functioning and managing behavioral symptoms. These can involve cognitive rehabilitation or behavioral strategies.



CMHCs – Provider Reimbursement

The reimbursement process for mental health providers at CMHCs depends on several factors, including the type of services provided, the funding sources of the center, and the specific payment mechanisms in place.

- **Medicaid and Medicare:** Many CMHCs receive reimbursement for services provided to individuals covered by Medicaid and Medicare.
- **Private Insurance:** Some CMHCs accept private insurance plans. Reimbursement rates and policies vary depending on the insurance plan and the negotiated contracts between the center and the insurance companies.
- **Sliding Fee Scale:** CMHCs often serve individuals who are uninsured or underinsured. To ensure access to care, some centers use a sliding fee scale based on a client's ability to pay. Providers are typically salaried or receive a fixed rate for their services, regardless of the client's ability to pay.



CMHCs – Provider Reimbursement (Cont.)

- **Fee-for-Service:** Reimbursement rates under FFS models are determined by payers, and providers are compensated based on the number and type of services they provide.
- **Value-Based Care:** Some centers may participate in value-based care models, where reimbursement is tied to specific outcomes and quality measures rather than the volume of services delivered.
- **Capitation:** In some managed care systems, CMHCs enter into capitation arrangements with insurance companies. Providers within these centers are typically salaried and receive a portion of the capitated payments.



Certified Community Behavioral Health Clinics (CCBHCs)

A Certified Community Behavioral Health Clinic (CCBHC) is a specially designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status.

As an integrated and sustainably financed model for care delivery, CCBHCs:

ensure access to integrated, evidence-based substance use disorder and mental health services, including 24/7 crisis response and medication-assisted treatment (MAT).

meet stringent criteria regarding timeline of access, quality reporting, staffing and coordination with social services, criminal justice, and education systems.

receive flexible funding to support the real costs of expanding services to fully meet the need for care in their communities.

With **over 500 CCBHCs nationwide** and numerous states integrating the CCBHC model into their behavioral health systems, action is needed to establish CCBHCs as an enduring part of the health care landscape and ensure their long-term success.

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How Are CCBHCs Funded?

CCBHCs in the Medicaid demonstration are paid using a prospective payment system, or PPS. PPS supports clinics' costs of expanding services and increasing the number of clients they serve, while improving clinics' flexibility to deliver client-centered care.

CCBHCs that are not a part of the Medicaid demonstration are funded through SAMHSA grants.

A growing number of states are moving to implement the model—similar to other value-based or alternative payment models—independently via a state plan amendment or Medicaid waiver.



CCBHC Data and Impact

CCBHCs serve an estimated
2.1 million
people nationwide.

CCBHC status enables clinics on average to
serve **more than 900 more people per clinic**
than prior to CCBHC implementation, or a
23% increase.

CCBHCs provide access to mental health and substance use care much faster than the national average wait time of 49 days, with the vast majority offering access within a week or less.

They also provide access to certain forms of substance use disorder treatment at vastly higher rates than non-CCBHCs, with **82% of CCBHCs** offering one or more forms of medication-assisted treatment, compared to only **56% of substance use clinics** nationwide.



Counselor and MFT Engagement with CMHCs and CCBHCs

CCBHCs as a Medicaid provider type

In response to CMS's solicitation for comments on expanding access to behavioral health services on the CY24 PFS, National Council urged CMS's consideration of CCBHCs as a part of the Medicare program, including any mechanisms that currently exist that may advance such inclusion and support any related statutory changes in the future to this end.



Counselor and MFT Engagement with CMHCs and CCBHCs (Cont.)



CMHCs can provide PHP as well as IOP services, starting in 2024, to Medicare beneficiaries.

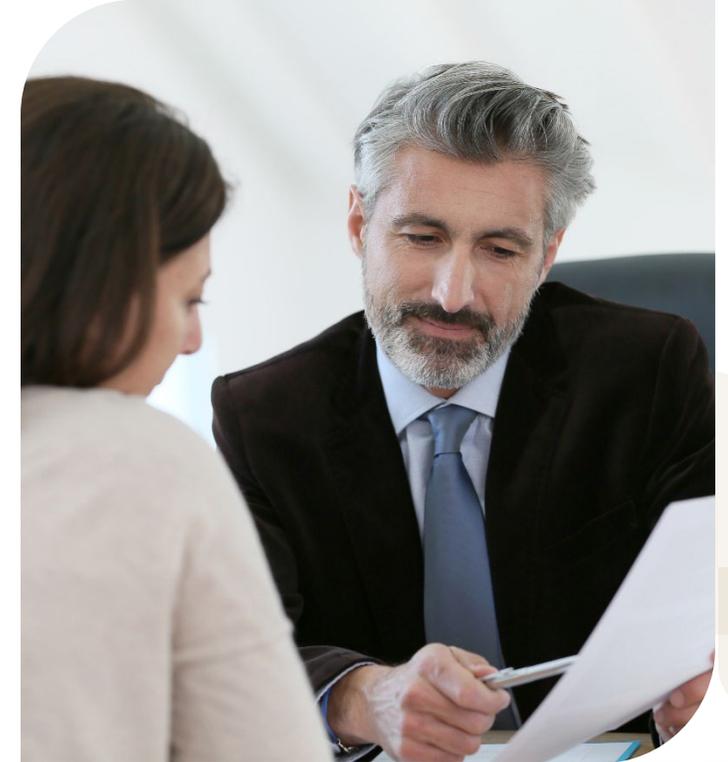
- Payment to outpatient hospital departments (OPDs) and CMHCs is to be made under the OPD prospective payment system (PPS), which uses per diem ambulatory service classifications (APC) to pay for a day of IOP or PHP.
- The introduction of IOP significantly expands the range of vital behavioral health services that CMHCs and other community-based behavioral health providers can furnish under Medicare, effective in 2024.

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Counselor and MFT Engagement with CMHCs and CCBHCs (Cont.)

CMHCs can provide PHP as well as IOP services, starting in 2024, to Medicare beneficiaries.

In our comment on CMS's proposed OPSS rule, National Council requested that CMS clarify that entities enrolled as CMHCs in Medicare may also be enrolled as Medicare Part B physician practices and may furnish outpatient behavioral health services under the Medicare Physician Fee Schedule (PFS) under such an enrollment, as well as being enrolled as a CMHC and furnishing PHP or IOP services. While it appears clear to us from the law that this is acceptable, it would be helpful for CMS to dispel any doubt on this issue, so that behavioral health organizations understand that they may enroll as both provider/supplier types to furnish a full continuum of Medicare-covered outpatient behavioral health services.



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Specific Populations of Medicare Beneficiaries and CCBHC Services

In considering populations of Medicare beneficiaries/CCBHC services, there are two points to draw attention to:

1. Veterans:

CCBHCs have been found to serve a higher proportion of veterans as compared to CMHCs; while it is estimated that roughly half of veterans are Medicare eligible, further access to options for needed mental health and substance use services promotes access to quality care that is specific to the individual's needs.

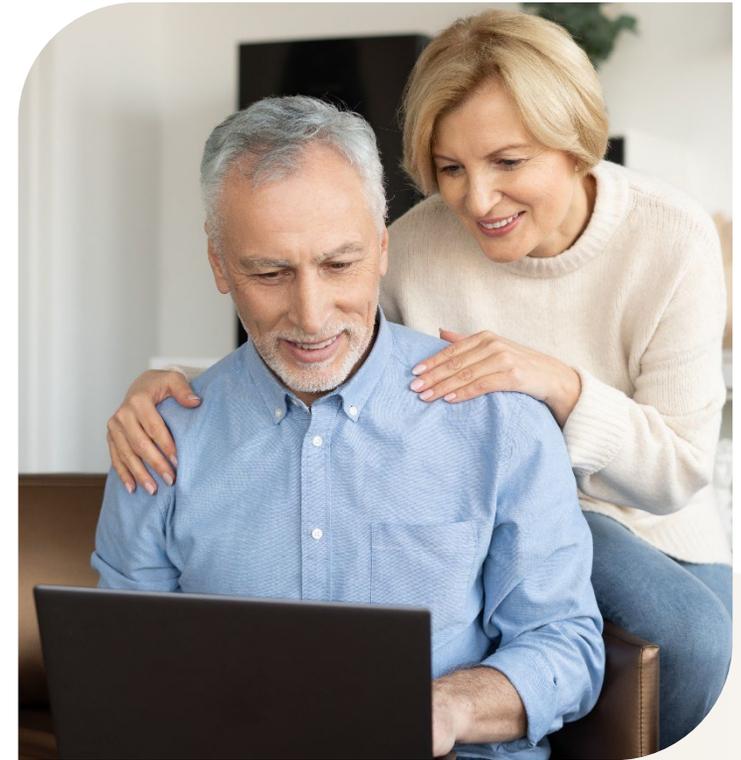


Specific Populations of Medicare Beneficiaries and CCBHC Services

In considering populations of Medicare beneficiaries/CCBHC services, there are two points to draw attention to:

2. **Dual-Eligible Clients (Medicare and Medicaid):**

Dual-eligible beneficiaries represent a large portion of community behavioral health providers' Medicare population, and this population often has more clinically complex needs than the client population at large. Obtaining full payment for services rendered to dual-eligible beneficiaries is critical for the providers to be able to serve their clients effectively. Again, in regard to our comment submitted on the proposed OPPS rule, National Council requested that CMS monitor concerns relating to the provision of PHP or IOP services by Medicare-enrolled CMHCs to dual-eligible beneficiaries.





The Benefits of MFTs & Counselors to Mental Health Treatment

By Jill Sauerheber

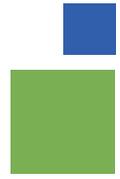


How are we improving quality of life? Through . . .



Knowledge

- 60-credit-hour curriculum
- 700 hours of supervised practicum/internship
- Addictions, assessment, crisis, diagnosis, human development, trauma
- **2 required graduate courses in theory**
 - Adlerian (lifestyle assessments, early recollections)
 - Cognitive behavioral therapy
 - Internal family systems
 - Solution-focused
 - Trauma-informed



How are we improving quality of life?

Through . . .

Knowledge and Life-Long Learning

- The interplay among body, brain, and mind
- Wellness Model
 - The indivisible self: bio, psycho, social, financial, spiritual
- In F2F & digital family, couples, group counseling and psychoeducation



■ ■ How are we improving quality of life?

Through . . .

Knowledge of the Importance and Relevance of Diversity

- Developmental stages
- Ethnicity, race
- Family of origin, familial influences
- Religion, spirituality, and values
- Stage of change



■ How are we improving quality of life?

Through . . .

Knowledge and Life-Long Learning

- Required professional development
 - Domestic violence
 - Law
 - Suicide



■ ■ How are we improving quality of life?

Through . . . Specialized Training



- Biofeedback
- Brainspotting
- EMDR
- Expressive arts and play therapy
- Somatic experiencing (boundary work)
- Functional medicine and brain health
 - Amen University
 - Institute for Functional Medicine

How are we improving quality of life?



Through . . .

Our Disposition

- Counseling training programs place high emphasis on the personal, professional, relational dispositions of the student
 - Ability to attune, maintain boundaries
 - Openness to feedback
 - Professionalism (including digital)
 - Respect of others



How can counselors and MFTs address the needs of Medicare patients?

Apply a systemic perspective!

Brain: Health of, Neuroplasticity, Anxious vs. Settled

Personal: Relational, Identification, Existential

Mind: Cognitions, Memory, Logic

Environment: Movement in and Interactions With

Body: Skeletal, Muscular, Endocrine, Digestive

Environmental: Societal

How can counselors and MFTs address the needs of Medicare patients?

Understand “symptoms expression.”



Regulation, Adaptation and Systemic Organization Response to Life (Trauma) – The Adapted Homeostasis

Through an Exhaustive Assessment, We Can Identify: Antecedents, Triggers, Mediators

Help the Client Identify Modifiable Lifestyle Adjustments



How can counselors and MFTs address the needs of Medicare patients? Through systemic changes

Funding and/or grant employment opportunities for providers to serve in rural areas, nursing homes, long-term living, physician's offices

Funding for electronic devices for older persons so that they have access to digital services

Scholarships for counseling students and new professionals to attend trainings specifically related to older adults

Medicare coverage of integrative approaches
(Brainspotting, EMDR, somatic experiencing, biofeedback, family counseling)

Academics and providers can respond to needs of community (i.e., writing of accreditation standards)

How are we reaching underserved populations?



We could do better at this.

- Advocacy for mental health counseling at the national/regional levels are paramount. This will inform counseling training programs to focus in this area.
- Collaborating with other providers
- Incorporating digital delivery of services

How are we assisting older adults to find *stability* in life?

- By incorporating specialized interventions (e.g., brain health), we could help prevent frequency of Alzheimer's, memory loss, etc.
- By incorporating brain-body-mind based therapies, we teach/coach clients how to resource
- Psychoeducation regarding what impacts an anxious brain
- More internship sites needed



Marriage and Family Therapists (MFTs)



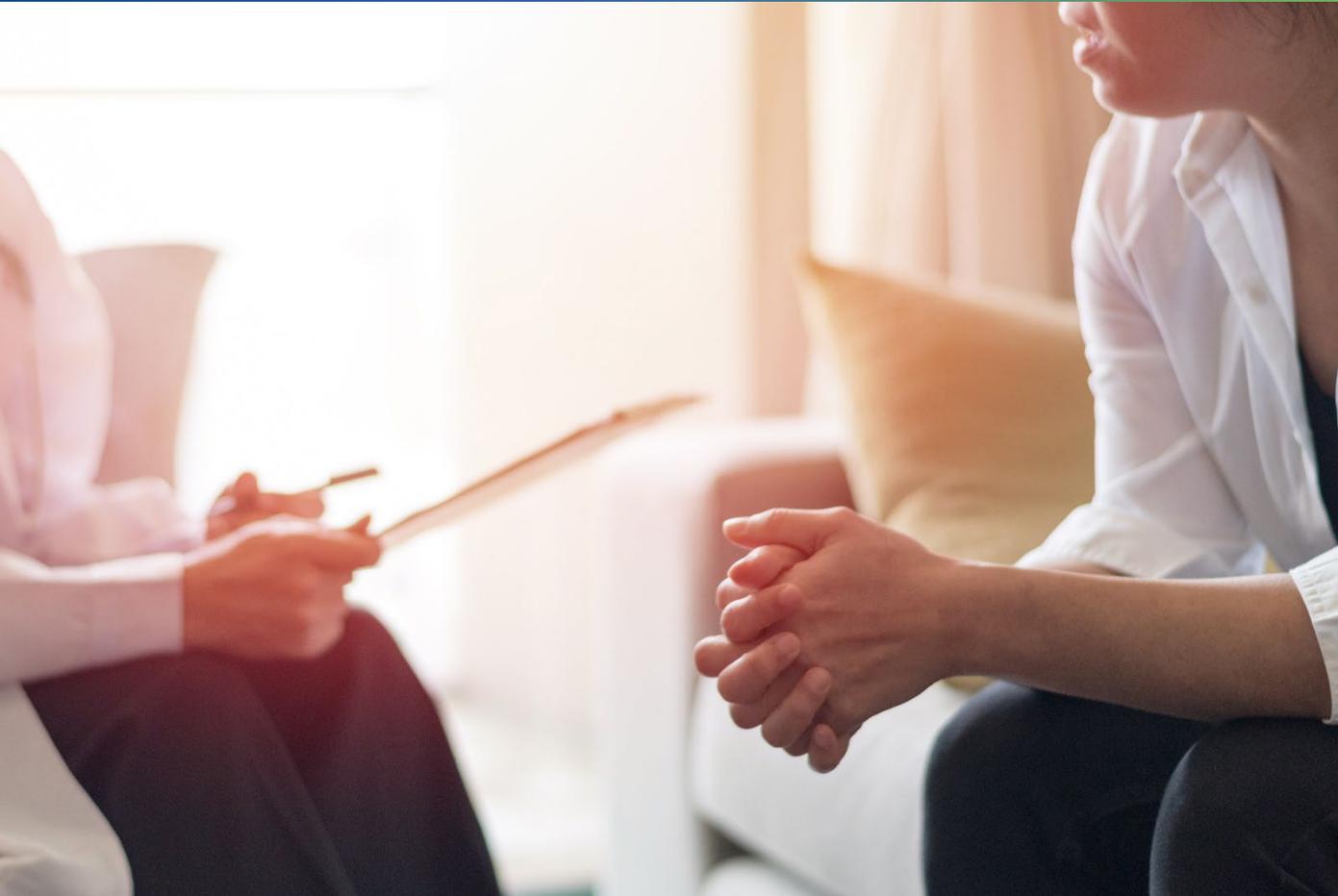
By Erin Schaefer



- Master's or Doctoral degree
- Supervised Clinical Experience
- Clinical Examination
- Trained to diagnose & treat mental, emotional & addictive disorders
- Education & Training similar to LCSWs & LMHCs
- Approximately 70,000 LMFTs

Marriage and Family Therapists (MFTs)

Marriage and Family Therapists (MFTs)



Licensed in all 50 states and the District of Columbia.

Regulated by state licensure boards.

Systemic Orientation

Provide individual, family and group psychotherapy services.

Recognized by Medicaid, the VA, private insurers, and other payers.

Work in community behavioral health settings and a variety of other settings.

Experience treating older adults and other Medicare beneficiaries.



1 Older Adults

2 Dual-Eligible Recipients
(Medicare/Medicaid)

3 Medicaid Recipients

4 Coordinating with systems.

5 Supporting the family.

How MFTs Help Medicare Recipients



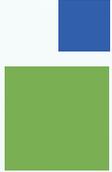
6 Increased Access

7 Continuity of Care

8 Additional Support for Medicare Recipients and Families

9 Reduced burden on CMHCs!

Why This Matters

 **Thank You!**

Contact:

Erin Schaefer, IMFT-S, LPCC-S

Clinical Consultant

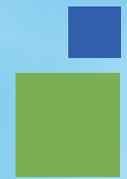
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Questions and Answers



Resources



Critical Resources on Medicare Part B Coverage of Counselors and MFTs

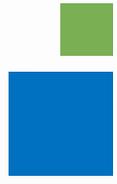
Legislation Mandating Medicare Part B Coverage of Counselors and Marriage and Family Therapists

<https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>

How to Enroll in the Medicare Program

- **Medicare Enrollment for Providers and Suppliers**
<https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos>
- **New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) FAQs (36 questions answered) Published Sept 2023**
<https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf>
- **The Medicare Learning Network:**
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnngeninfo>
- **Web-based Training:**
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/webbasedtraining>
- **Becoming a Medicare Provider (World of Medicare):**
<https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN9329634-WOM/WOM/index.html>
- **Weekly Email Newsletter for Medicare Providers:**
<https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>





Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

Role of the Centers for Medicare and Medicaid Services (CMS)

- <https://www.investopedia.com/terms/u/us-centers-medicare-and-medicaid-services-cms.asp>
- <https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>

Medicare Mental Health Benefits for Beneficiaries

Medicare and Your Mental Health Benefits:

<https://www.medicare.gov/Pubs/pdf/10184-Medicare-and-Your-Mental-Health-Benefits.pdf>

Medicare Mental Health:

<https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf>

Medicare Beneficiary Handbook:

<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>

Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

Medicare Administrative Contractors (MACs)

<https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac>

Medicare Physician Fee Schedule

<https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

Key Steps to Becoming a Medicare Provider

1. Register in the [I&A](#) System
2. Get an [NPI](#)
3. Enter information into [PECOS](#)
4. Decide if you want to be a participating provider

[Form CMS-855I: Physicians and non-physician practitioners \(PDF link\)](#)





Medicare Mental Health
Workforce Coalition

**Thank you
for attending!**

