Medicare Mental Health

# Clinically Supervised Experience

**we have several items for consideration**

**we urge CMS to allow these applicants to count such supervised experience obtained after receiving their license, along with the experience earned prior to receiving their license, as meeting the clinical supervised experience under 42 C.F.R. 410.53(a)(2) and 410.54(a)(2).**

# Hospice Interdisciplinary Groups

**We ask that CMS amend 42 C.F.R. 411.357(x)(3), so that the definition of “non-physician practitioner” is expanded to include MFTs and MHCs to allow these practitioners to enjoy the same privileges as other mental health practitioners**

**MFTs and MHCs must be added to the list of providers that must be addressed by MA plans in terms of access to care and network adequacy in 42 C.F.R. 422.116. In addition, it must be clear that these practitioners are included in the behavioral health providers required to be provided in 42 C.F.R. 422.112.**

**The Coalition strongly supports**

**we ask that CMS apply the same network adequacy rules in its 2024 MPFS rule to MHCs and MFTs**

### Rural Health Clinic ("RHC") and Federally Qualified Health Center ("FQHC") Rules

### Telehealth

### Coding Update to Allow MFT and MHC Billing

**MFTs and MHCs are licensed and trained to provide these important care management services for behavioral health conditions. We strongly support this change.**

**we urge CMS to update the code descriptors for all other HCPCS codes that are currently utilized by current Medicare behavioral health providers**