

September 9, 2024

Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Attention: CMS-1809-P  
P.O. Box 8010  
Baltimore, MD 21244-8010

Dear Secretary Becerra and Administrator Brooks-LaSure,

As national organizations of the [Mental Health Liaison Group](#), representing consumers, family members, mental health and addiction providers, advocates, payers and additional stakeholders we write today to express our support and urge CMS to finalize two specific provisions within the Calendar Year (CY) 2025 Medicare hospital Outpatient Prospective Payment System (OPPS), which are detailed below.

**I. Proposed Exceptions to Medicaid’s “four walls” requirement (42 CFR 440.90(b))**

MHLG members work hard to ensure individuals and families have access to mental health and substance use disorder (SUD) treatment and supports, which is why we strongly urge CMS to finalize the proposed addition to the Medicaid four walls requirement for services provided by IHS/Tribal clinics and for a state option for behavioral health clinics and clinics located in rural areas.

We agree with CMS’ observations that barriers to mental health and SUD treatment include lack of transportation, stigma and mistrust of the mental health care system, and that providing an exception to the four walls requirement could increase access to care. As Medicaid continues to serve as the [largest payer](#) of mental health and SUD services, we believe this proposed exception will help to expand access to mental health and SUD services by allowing coverage of services provided via telehealth when both the provider and patient are located outside the clinic walls.

As CMS astutely commented, although there are no federal requirements for States to cover mental health and SUD services delivered by community mental health centers, mental health clinics, substance use disorder clinics, and more, 16 States have designed their Medicaid programs to cover mental health and SUD clinic services. Expanding the exception to the four walls requirement can further increase access to mental health and SUD care for the participating 16 States and provide a renewed opportunity for additional states to cover these services in their Medicaid program.

**II. Proposed Payment Rates for Intensive Outpatient and Partial Hospitalization Program**

Supporting access to mental health and SUD care includes adequately supporting the providers delivering critical behavioral health services to beneficiaries. We strongly support and thank CMS for the historic rate increase within the proposed rule for Intensive Outpatient (IOP) and Partial Hospitalization Program (PHP). The proposed increase in payment rates will safeguard beneficiary access to IOP and PHP care.

We thank CMS for its hard work in developing a strong CY25 OPPS proposed rule and urge the agency to finalize these two provisions as proposed. Thank you for your commitment to expanding access to mental health and SUD services to individuals and families across the nation.

Sincerely,

American Academy of Child and Adolescent Psychiatry

American Association for Marriage and Family Therapy

American Association of Psychiatric Pharmacists

American Foundation for Suicide Prevention

American Psychiatric Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

ATA Action

International Society of Psychiatric-Mental Health Nurses

Mental Health America

National Association of State Mental Health Program Directors

National Council for Mental Wellbeing

National Eating Disorders Association

REDC Consortium