

**Proposed Provisions for SFC Bipartisan Mental Health Care Integration Discussion Draft**

<b>Policy</b>	<b>Description</b>
<i>Medicare Payments for Providers who Integrate Behavioral Health and Primary Care</i>	From 2025 through 2027, the discussion draft would increase Medicare payment rates for behavioral health integration services to help defray a portion of the startup costs that providers incur when they begin delivering care through models that integrate behavioral health and primary care.
<i>Medicare Payment for Mobile Crisis Response Teams</i>	Beginning on January 1, 2025, the discussion draft would require that the Centers for Medicare and Medicaid Services (CMS) establish a single global payment under the Physician Fee Schedule (PFS) for mobile crisis response team services for Medicare beneficiaries who are in crisis. Mobile crisis response team services paid for by the global payment would include a screening and assessment of the Medicare beneficiary’s mental health or substance use disorder crisis, services to support de-escalation of the individual’s mental health or substance use disorder crisis, and referrals for health and social services. The discussion draft also clarifies that peer support specialists can furnish mobile crisis response team services under the supervision of a physician or other practitioner who is billing Medicare.
<i>Medicare Payment for Crisis Stabilization Services</i>	Beginning on January 1, 2025, the discussion draft would require that CMS establish a bundled payment under the Outpatient Prospective Payment System (OPPS) for crisis stabilization services for Medicare beneficiaries who are in crisis. The bundled payment would cover up to 23 hours of crisis stabilization services, which include observation care, screening for suicide risk, screening for violence risk, assessment of immediate physical health needs, and other services necessary for the diagnosis, active treatment, or de-escalation of a mental health or substance use disorder crisis. The discussion draft also requires that CMS

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	publish a report examining options for providing Medicare coverage of crisis stabilization services furnished by non-hospital providers that cannot bill Medicare under the OPPS.
<i>Ensuring that Peer Support Specialists Can Participate in the Delivery of Behavioral Health Integration Services</i>	The discussion draft requires that CMS clarify that peer support specialists may participate in furnishing behavioral health integration services to Medicare beneficiaries as a part of a broader care team.
<i>Making Permanent State Option to Provide Qualifying Community-based Mobile Crisis Intervention Services</i>	The discussion draft would make mobile crisis intervention services a permanent state option available to states eligible for federal Medicaid match funding.
<i>Supporting Access to a Continuum of Crisis Response Services Under Medicaid and CHIP</i>	The discussion draft directs CMS to issue guidance outlining best practices and recommendations for building a crisis care continuum financed by Medicaid/CHIP, establishes a technical assistance center to help States under Medicaid and CHIP design and implement a continuum of crisis response services, and provides planning grants to help states assess their needs and take advantage of the opportunities and flexibilities in the guidance.
<i>Quality Measures to Support Integrating Behavioral Health and Primary Care</i>	The discussion draft supports the development of Medicare quality measures that assess the degree to which clinician practices are integrating behavioral health and primary care.

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<i><b>Harnessing Value-Based Payment Models to Support Integration of Behavioral Health and Primary Care</b></i>	The discussion draft adds support for the adoption of behavioral health integration as one of the types of opportunities that the CMS Center for Medicare and Medicaid Innovation must consider when developing new demonstration models or revising existing models. The discussion draft also requires that CMS issue guidance to health care providers on best practices for integrating behavioral health care into the primary care setting.
<i><b>Guidance to States on Supporting Mental Health and Substance Use Disorder Care Integration with Primary Care in Medicaid and CHIP</b></i>	The discussion draft directs CMS to conduct an analysis of integration models in Medicaid, and then to publish guidance describing State options for adopting or expanding value-based payment arrangements that integrate mental health or substance use disorder care within the primary care setting and best practices.
<i><b>Technical Assistance for Physician Practices that Integrate Behavioral Health and Primary Care</b></i>	The discussion draft directs CMS to provide technical assistance to support health care providers that are seeking to integrate behavioral health and primary care and bill Medicare for behavioral health integration services.
<i><b>Guidance and Technical Assistance for States to Support Access to Community Social Support and Services</b></i>	The discussion draft directs CMS to issue guidance outlining flexibilities and best practices for partnering between states, Medicaid managed care organizations, and community based organizations to address health related social needs