



December 6, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services (CMS)  
7500 Security Boulevard  
Baltimore, MD 21244

Re: CMS-0058-NC

Dear Administrator Brooks-LaSure:

Mental Health America, The Kennedy Forum, Inseparable, the Eating Disorders Coalition, and the Maternal Mental Health Leadership Alliance are pleased to provide the following comments in response to the Request for Information: National Directory of Healthcare Providers & Services (NDH).

Mental Health America (MHA) – founded in 1909 – is the nation’s leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the mental health of all. With over 200 affiliates throughout the country, our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated care, services, and supports for those who need it, with recovery as the goal. During his stays in public and private institutions, MHA’s founder Clifford Beers witnessed and was subjected to horrible abuse. From these experiences, Beers set into motion a reform movement and advocacy that MHA continues today.

The Kennedy Forum was founded by former Congressman Patrick J. Kennedy, author of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), in 2014 and is focused on improving the lives of individuals living with mental health and substance use conditions and promoting health equity for all.

Inseparable, founded in 2020, is a growing movement working to advance policy solutions that reflect the belief that the health of our minds cannot be separate from the health of our bodies. Inseparable is focused on three goals: increasing the availability of mental health care for everyone in need, promoting wellness and early intervention by expanding youth mental health services, and improving crisis response for anyone experiencing a mental health emergency.

The Eating Disorders Coalition for Research, Policy & Action is a national nonprofit organization comprised of patient and caregiver advocates, treatment providers, advocacy organizations, and academics, aimed to advance the recognition of eating disorders as a public health priority throughout the United States.

Maternal Mental Health Leadership Alliance is a national nonprofit organization advocating for improved maternal mental health care. Our vision is a nation that prioritizes maternal mental health by providing universal, equitable, comprehensive, and compassionate education, screening, and care for mental health conditions during pregnancy and the year following pregnancy.

Our organizations have the following recommendations with respect to the directories:

- 1) **Before proceeding to creating a directory, CMS must be assured that it can compel accurate information, especially in behavioral health.** A compilation of inaccurate information could make the current situation even worse. The agency should determine what carrots and sticks it will use to compel accuracy and should test that with a subgroup to see if the information is accurate and kept up to date. A recent [article](#) in Health Affairs described the results of a study showing that 2/3 of mental health prescribers and almost 60% of non-prescribers were ghost providers who were listed in the Medicaid managed care network, but were not billing. This law review [article](#) details how weak enforcement of network adequacy and provider directory requirements have led to inaccurate information. MHA has recently published a detailed [blog](#) on the issue of ghost networks. If CMS cannot solve this problem, it should not proceed.
- 2) **For behavioral health, it will be critical that the information indicate whether the provider is taking new patients, the insurance that the provider accepts, if it is a therapist, what types of therapy are available, ages and diagnoses treated, modalities, and other relevant factors.** Currently individuals need to call provider after provider only to find that they are not taking new patients, which is very frustrating and leads people to forego needed care. The directory should also indicate what insurance the provider takes because in behavioral health, many providers will not accept any insurance, and this is particularly a problem in Medicaid. For psychotherapists, it is very helpful for individuals to have information on the type of evidence-based therapy that the provider practices. [Psychology Today](#) provides information on insurance and types of therapy and it is very helpful. Additionally, the directory should contain information indicating the provider's expertise in treatment mental health and/or substance use disorders (i.e., do not just conflate the two), any certificates or specialized training for mental health conditions like eating disorders and maternal mental health, whether the provider offers medication-assisted treatment, what age groups the provider serves such as pediatric, adolescent, adult, or geriatric populations, and whether the provider offers in-person and/or telehealth services. The directory should also include options for providers such as race/ethnicity and LGBTQ+ to aid underserved communities finding care that best serves their needs. In addition, people with lived experience have also experienced practices that are not willing or able to treat certain mental health conditions, such as schizophrenia, so it is important to collect information on such provider limitations. Finally, CMS should provide information on existing quality ratings for providers, such as hospital compare, or at least link to such information. For example, CMS has recently proposed a measure of patient experience for psychiatric hospitals so this information on hospital compare will be important to individuals seeking care.
- 3) **We strongly recommend that CMS involve individuals with lived experience accessing the types of providers in the directory, especially those with mental health and substance use conditions and young people with these conditions.** It is critical that users are engaged from the very beginning of this process to provide input on issues about how and what data is collected and what the end product could look like. They should be involved in all stages from planning to testing to implementation and communications. We recommend CMS conduct in depth interviews, focus groups, surveys and user testing to get diverse views and input.
- 4) **Including a diverse group of users and surveying diverse users will help address what information the directory needs to include to be useful and equitable. We strongly recommend that the directory be fully digitally accessible and include information on physical accessibility of the provider, languages spoken, whether providers are trained in cultural responsiveness, sexual orientation and gender identity, and more.** Behavioral health

providers are often not diverse, and many see patients in their homes or other buildings that may not be accessible. It is very important that the directories provide information to ensure that everyone can access care.

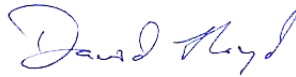
- 5) **We strongly urge that the directory include a wide range of behavioral health providers, including peer support organizations, as well as more traditional providers, such as mental health centers, psychologists, licensed counselors, therapists and psychiatrists. We also urge CMS to include crisis providers, including mobile teams and peer respite centers.** CMS issued [guidance](#) about peer support providers in the Medicaid program in 2007. Peer support specialists also were discussed in the 2023 Physician Fee Schedule Rule as potential auxiliary personnel allowed to be billed incident to a billing provider. Peer support and peer respite are important services that individuals with behavioral health conditions want and are effective in helping people meet their goals. As HHS works to implement the new 988 number and accompanying crisis services, it will be critical that individuals can find the services and 988 call centers will also benefit if these services were included in the directory.
- 6) **We do not encourage linking to the SAMHSA treatment locator or integrating it until that resource is more accurate. We recommend including the early serious mental illness locator.** It has been MHA's experience that the SAMHSA treatment locator is one of the few tools available when an individual needs help, but it is often inaccurate, outdated, and has broken links when trying to access websites. It does not show where there are vacancies, does not allow search by type of insurance, does not include peer services and peer respite, and its description of services are not consistently accurate. SAMHSA also has an [early serious mental illness locator](#). Those programs offer a very specific set of evidence-based Coordinated Specialty Care services and are easier to track and keep accurate. They often serve people regardless of insurance status. This locator should be integrated into the final provider directory and the directory should be searchable by early psychosis programs.

Thank you for the opportunity to comment on these important issues. For further information or questions, please contact Mary Giliberti at [mgiliberti@mhanational.org](mailto:mgiliberti@mhanational.org).

Sincerely,



Mary Giliberti  
Chief Public Policy Officer  
Mental Health America



David Lloyd  
Chief Policy Officer  
The Kennedy Forum



Angela Kimball  
Senior Vice President of  
Advocacy & Policy  
Inseparable



Katrina Velasquez  
Chief Policy Officer  
Eating Disorders Coalition for  
Research, Policy & Action



Adrienne Griffen  
Executive Director  
Maternal Mental Health  
Leadership Alliance