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Leading Mental Health Organizations Applaud Strengthening of Mental Health and Substance Use Access in Medicaid Under Historic New Rules

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The nation's leading mental health organizations applaud the Department of Health and Human Services' (HHS) newly finalized rules that will help ensure people with mental health and substance use conditions can access covered services within Medicaid, announced yesterday. As the single largest payer for mental health services in the United States, these new Medicaid requirements will have an outsized impact on strengthening access to mental health care for the millions of people who receive health care through Medicaid.

Together, American Foundation for Suicide Prevention (AFSP), Eating Disorders Coalition for Research, Policy, & Action, Inseparable, Mental Health America (MHA), The Kennedy Forum and the National Alliance on Mental Illness (NAMI), issue the following statement:

Access to health insurance and health care services is essential for people with mental health and substance use conditions to successfully manage their conditions and get on a path of recovery. Medicaid is the lifeline for much of that care as the nation's largest payer of mental health services, providing health coverage for millions of adults and children with mental health conditions. Medicaid enrollees also have the highest prevalence of substance use conditions among insured adults. Unfortunately, Medicaid coverage does not always result in access to consistent, high quality mental health care and substance use services, with too many people experiencing long waits and difficulty finding providers.

Thankfully, these final regulations will take critical steps to address these problems by establishing historic national standards that will allow people enrolled in Medicaid and the Children's Health Insurance Program (CHIP) to better access mental health care when they need it. Among many important provisions, these rules will require states to:

 Establish maximum appointment wait time standards of 10 business days for outpatient mental health and substance use disorder services, which will help people get timely access to mental health providers;

- Conduct annual secret shopper surveys to validate compliance with appointment wait time standards and the accuracy of provider directories, which will help ensure people have access to the most up-to-date and accurate provider information; and
- Regularly assess and publish provider payment rates in both fee-for-service and Medicaid managed care, which will help ensure more providers participate in the programs.

Our organizations believe these new requirements will help ensure people covered by Medicaid can more easily and effectively connect with high quality mental health care, and we praise HHS leadership and staff for their work on these important issues. We look forward to working with HHS and states to review the newly required information and to take action on inadequate or inaccurate information to realize the promise of greater access to mental health and substance use services.