CMS Proposes NEW Additional Preventive Services for Screening for Alcohol Misuse and Depression and Conditions of Participation for Community Mental Health Centers

Alcohol Misuse Screening and Depression Screening

On July 19th, the Centers for Medicare & Medicaid Services (CMS) proposed to add alcohol screening and behavioral counseling, and screening for depression, to the comprehensive package of preventive services now covered by Medicare. These proposed national coverage determinations (NCDs) are issued under authority granted by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), which allows CMS to add coverage of new preventive benefits that are recommended by the U.S. Preventive Services Task Force and are appropriate for Medicare beneficiaries.

Under the new proposals, Medicare would cover:

- **annual alcohol misuse screening by a beneficiary's primary care provider,**
- **four behavioral counseling sessions per year if a beneficiary screens positive for alcohol misuse, and**
- **annual screening for depression in primary care settings that offer staff-assisted depression care**.

Public comments are invited on the proposed decisions for 30 days. CMS will issue final coverage decisions later this year. The proposal for screening and counseling for alcohol misuse is available on the CMS website **here.** The proposal for screening and counseling for depression is available on the CMS website **here.**

Community Mental Health Centers

The previous announcement comes on the heels of a separate proposal addressing mental health needs of Medicare beneficiaries by **establishing conditions of participation** for community mental health centers (CMHCs).

From the proposed rule:

> *In 2007, 224 certified Community Mental Health Centers (CMHCs) billed Medicare for partial hospitalization services for 25,087 Medicare beneficiaries. Currently, there are no Conditions of Participation (CoPs) in place for Medicare-certified CMHCs. As such, no regulatory basis exists to ensure basic levels of quality and safety for CMHC care. The Federal government, as the single largest payer of health care services in the United States, administers many statutory*
> *and regulatory requirements on the delivery and quality of health care furnished under its programs. Therefore, we are proposing for the first time a set of requirements that Medicare-certified CMHCs must meet in order to participate in the Medicare program. The CoPs that we are proposing would help to ensure the quality and safety of CMHC care for all clients served by the CMHC, regardless of payment source.*

Requirements for CMHC services would encompass:

- Personnel qualifications
- Client rights
- Admission
- Initial evaluation
- Comprehensive assessment
- Discharge or transfer of the client
- Treatment team, active treatment plan, and coordination of services
- Quality assessment and performance improvement
- Organization, governance, administration of services, and partial hospitalization services.

CMS is accepting public comments on the proposed rule until Aug. 16. Those interested in commenting should go **here.**

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