



NATIONAL BOARD FOR
CERTIFIED COUNSELORS®
AND AFFILIATES

The Year in Review and What's Ahead: Counselors and MFTs in Medicare

Nov. 14, 2024 | noon—1 pm EDT

Sponsored by the Medicare Mental Health Workforce Coalition and NACBHDD

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Meeting Details

1

Closed Captioning is enabled and attendees can turn CC on or off as they desire.

2

Interpreter Phone Number: 305-224-1968 Webinar ID: 862 6014 7536 Passcode: 614291

3

Session Evaluation / Take our survey at the end of the webinar. (CE credit for live attendance only)

4

Webinar will be posted on NBCC website a few days following the webinar.

5

Q&A: Please add your questions in the Q&A box at any time during the meeting.

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Learning Objectives

After this webinar, attendees will be able to:

- 1. learn about the first-year results** of Medicare Part B coverage of MHCs and MFTs, and CMS's expectations in this initial year of implementation.
- 2. identify key mental health provisions** affecting MFTs and MHCs in the 2024 and 2025 Medicare Physician Fee Schedules.
- 3. learn about CMS's strategy** to improve mental health care.
- 4. hear from current providers** about their experiences participating in the program and advantages to being a Medicare provider for their private or group practice.
- 5. learn how to enroll** in the Medicare program and identify resources CMS has in place to help.



Doug Jacobs

Doug Jacobs, MD, MPH, is the Chief Transformation Officer in the Center for Medicare at the Centers for Medicare & Medicaid Services (CMS). In this role, he helps to lead center-wide efforts to move the health care system toward value-based care, advance health equity, and promote delivery system transformation. Prior to this role, he was the Chief Medical Officer and first Chief Innovation Officer for the Pennsylvania Department of Human Services (DHS), where he helped oversee the state's Medicaid program. Dr. Jacobs is a Board Certified Internal Medicine Physician and continues to see patients weekly while fulfilling his role as Chief Transformation Officer.



Carol Podgorski

Carol Podgorski, PhD, completed her doctoral degree in sociology and has master's degrees in public health and marriage and family therapy. She is a professor and Associate Chair of Faculty Affairs in the Department of Psychiatry at the University of Rochester School of Medicine & Dentistry. She is Director of the Finger Lakes Center of Excellence for Alzheimer's Disease. She also serves on the Advisory Panel for Outreach and Education for the Centers for Medicare & Medicaid Services, and on the New York State Coordinating Council for Alzheimer's Disease and Related Dementia. Dr. Podgorski's academic interests include medical family therapy approaches to caregiving and development of family systems-oriented models of patient- and family-centered dementia care.





Mary Jernigan

Mary Jernigan, NCC, LCMHC, CCMC, CMHIMP, has served in several levels of care including art therapy groups, inpatient hospital, and intensive in-home and outpatient therapy as a community counselor. She is the Immediate Past President of the Licensed Clinical Counselors of North Carolina. Jernigan is a National Certified Counselor, Licensed Clinical Mental Health Counselor, Certified Clinical Military Counselor, Certified Mental Health Integrative Medical Practitioner, and EMDR Certified Therapist. Outside of clinic, Jernigan enjoys playing football with her sons, teaching and leading kids' praise and worship, and working the family farm.



CENTER FOR MEDICARE UPDATE ON MFTs & MHCs

Dr. Doug Jacobs - *Chief Transformation Officer*

BACKGROUND

- **Medicare** has certain restrictions under statute in terms of who can bill Medicare. In order to expand or add provider types, Congress must pass legislation.
- The **Mental Health Access Improvement Act**, which included language to extend Medicare Provider eligibility to MFTs and MHCs. This was included as part of an omnibus bill in December 2022.
- Following its passage, **effective January 1, 2024**, MFTs and MHCs can bill Medicare independently for their services furnished for the diagnosis and treatment of mental illnesses.



OVERVIEW

- The **Behavioral Health Strategy** aims to support a person's emotional and mental well-being through their behavioral health care.
- **CMS recognizes** the increasing need of mental health access, particularly following the COVID-19 pandemic.
- The **2024 Physician Fee Schedule** finalized some of the most important changes to improve access to behavioral health care in the Medicare program's history. The rule allowed marriage and family therapists and mental health counselors, including eligible addiction, alcohol, or drug counselors who meet qualification requirements for mental health counselors, to enroll for the first time in Medicare and bill for their services starting January 1, 2024.



CMS BEHAVIORAL HEALTH STRATEGY

Mission:

To ensure that high-quality behavioral health service and supports are accessible to CMS beneficiaries and consumers.

Vision:

Beneficiaries and consumers with behavioral health needs have access to person-centered, timely, affordable care that enables optimal health and wellness.

Focus:

1. **Substance use disorders prevention, treatment and recovery** services
2. **Ensuring** effective pain treatment and management
3. **Improving** mental health care and services



CURRENT ENROLLMENT

As of **October 2024**, we have recorded the following enrollment numbers:

Marriage and Family Therapists

- Enrolled: 10,315

Mental Health Counselors

- Enrolled: 45,793

TOTAL MFTs and MHCs enrolled:

56,108



BECOMING ENROLLED, *Definitions*

Defining an MFT:

- **Possesses a master's or doctoral degree** which qualifies for licensure or certification as a MFT pursuant to State law of the State in which the individual furnishes the services defined as marriage and family therapist services
- **Performed at least 2 years or 3,000 hours** of post master's degree clinical supervised experience in marriage and family therapy in an appropriate setting such as a hospital, skilled nursing facility, private practice, or clinic
- **Is licensed or certified** as a marriage and family therapist by the State in which you perform services.



BECOMING ENROLLED, *Definitions*

Defining an MHC:

- **Possesses a master's or doctoral degree** which qualifies for licensure or certification as a MHC, clinical professional counselor, or professional counselor under State law of the State in which the individual furnishes the services defined as mental health counselor services
- **Performed at least 2 years or 3,000 hours** of post master's degree clinical supervised experience in mental health counseling in an appropriate setting such as a hospital, SNF, private practice, or clinic
- **Is licensed or certified as an MHC**, clinical professional counselor, or professional counselor by the State in which you perform services



BECOMING ENROLLED, *Application*



- **MFTs and MHCs can enroll electronically** using the Provider Enrollment, Chain, and Ownership System (PECOS) or the paper CMS-855I enrollment application.
- **PECOS is the online Medicare enrollment system.** It offers a scenario-driven application, asking questions to obtain the required information for your specific enrollment scenario. Use PECOS for faster and easier enrollment into Medicare.
- **The CMS-855I application** is completed by physicians and non-physician practitioners who render Medicare Part B services to beneficiaries. This includes a physician or practitioner who (1) is the sole owner of a professional corporation, professional association, or limited liability company and (2) will bill Medicare through this business entity.

To find more information about the enrollment application process, please visit:

[cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq.pdf](https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq.pdf)

OTHER RELEVANT UPDATES



2024 Physician Fee Schedule:

- **Made changes to the Behavioral Health Integration (BHI) codes** to allow MFTs and MHCs to bill for these services
- **Made changes to the Health Behavior Assessment and Intervention (HBAI) codes** to allow billing by MFTs and MHCs. These services are used to identify the psychological, behavioral, emotional, cognitive, and social factors included in the treatment of physical health problems.
- **Increasing the payment** for behavioral health services over four years



OTHER RELEVANT UPDATES

2025 Physician Fee Schedule:

- **Finalized coding and payment** to be billed by practitioners in specialties whose covered services are limited by statute to services for the diagnosis and treatment of mental illness (such as MFTs/ MHCs)
- **New coding and payment for safety planning for patients in crisis**, including suicidal ideation or risk of overdose



Practicing Marriage and Family Therapy With Medicare Beneficiaries

Carol Podgorski, PhD, MPH, LMFT

November 14, 2024





The Medicare Population

- People with disabilities (10%)
- People > age 65 (90%)

Misconceptions About the Older Adult Population

- They are all depressed—it's depressing to work with them.
- They prefer medication to psychotherapy.
- They don't want to change.
- They are private and don't reach out to strangers for help.
- They don't believe in therapy.
- They predominantly live in nursing homes.
- They believe family problems should stay in the family.

The Medicare population is diverse!

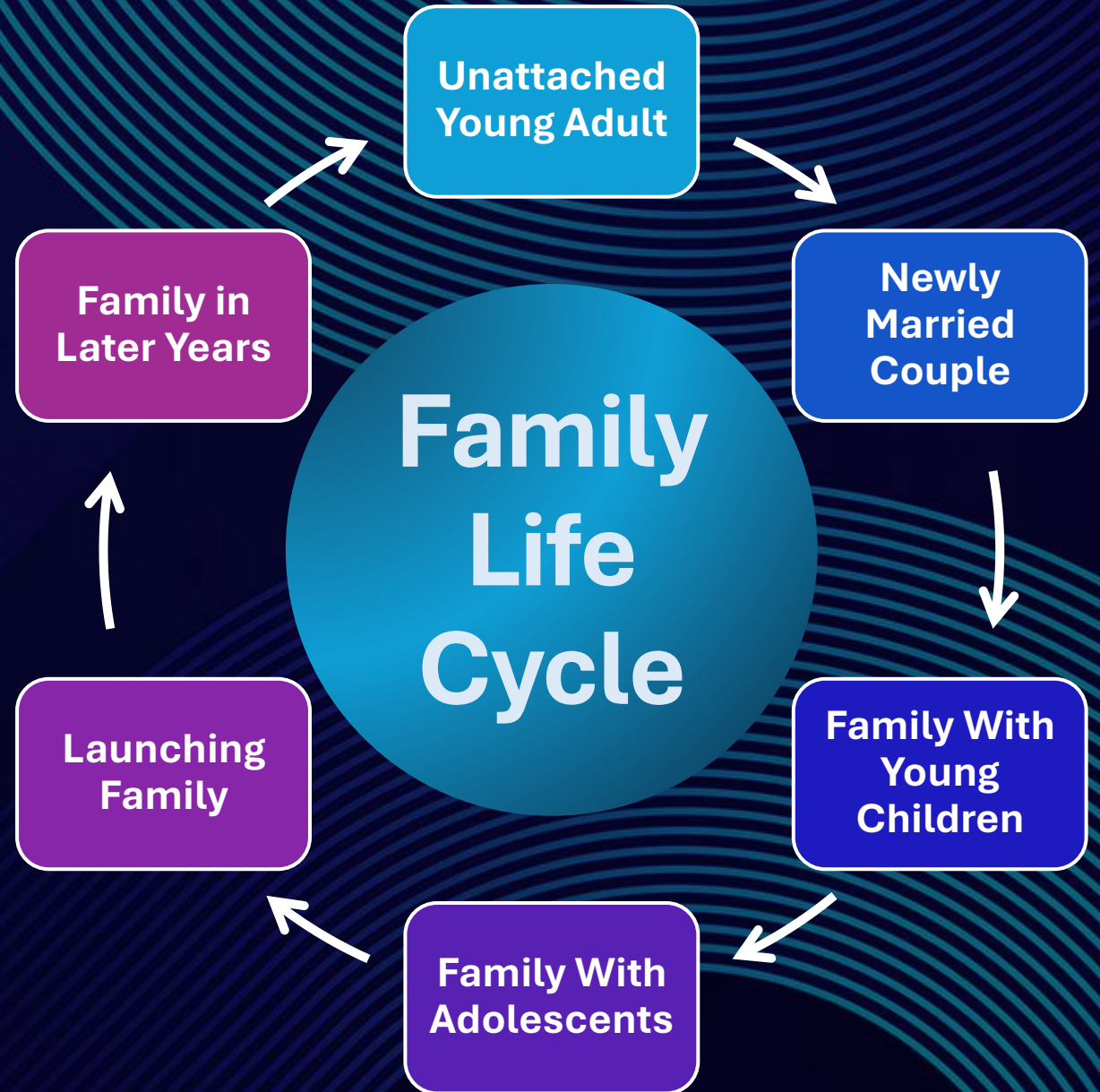


The Medicare Population Is Diverse

Their life circumstances, values, needs, attitudes, and perceptions of mental health and mental health care vary.

- **People > age 65 fall across three generations:**
 - Greatest Generation, Silent Generation, Baby Boomers (1901–1964)
- 70% of men and 48% of women are married
- 15% are divorced or separated
- 27% live alone
- 21% live in multigenerational households
- 4.5% live in nursing homes
- 24% are racial/ethnic minority
- 18% remain in the labor force
- 1.1M grandparents are raising grandchildren
- **Family life cycle stages are less often linear**
 - Partnering; Childbearing; Expanding; Launching; Empty Nesting; Aging

The Medicare Population Is Diverse



Between retirement and death...

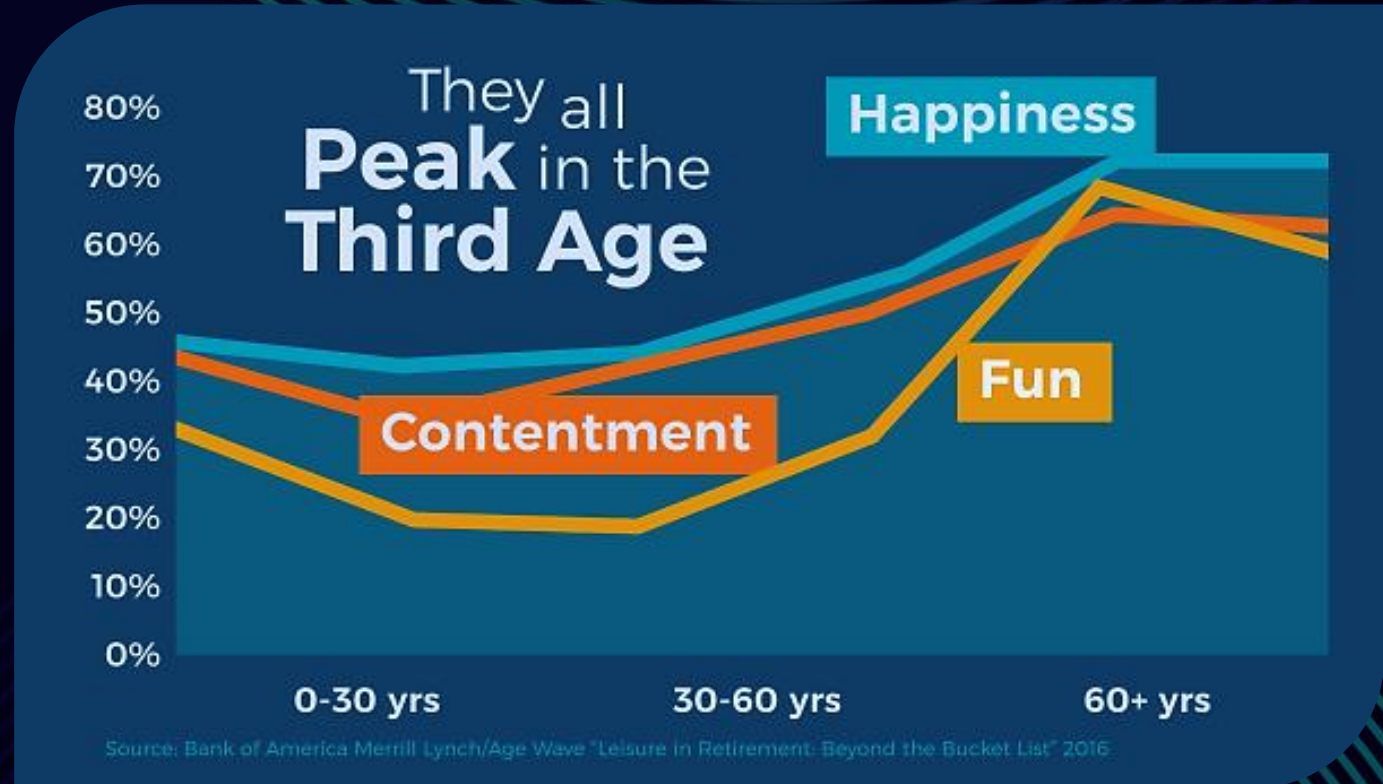
...lies the Third Age.



The Third Age

That time when children are launched, most adult tasks are accomplished, and there is time for reflection and further development.

- People are living longer now
 - Often 25 years post retirement
- Older adults are redefining goals and seeking purpose in this period of life





**What does a MFT practice look like
with Medicare beneficiaries?**

Will Medicare beneficiaries seek services from MFTs?

54% female clients

Mean age: 79.1
(range: 71–91)

They are **motivated**;
usually self-refer

Show rates
are excellent



Examples of Treatment Goals

65 YO M seeking skills to confront conflict with his wife in a way that is consistent with his values and his “authentic self,” as he too often aims to please others at the expense of his own happiness and well-being

71 YO M with goal to reduce symptoms of depression and anxiety by increasing his sense of mastery and control regarding his role as caregiver to his wife with dementia; to reduce his negative feelings about himself and sense of guilt; and to reduce reliance on alcohol as a way to cope.

74 YO F looking to: **1)** find a balance between supporting her 33 YO adopted son with insecure attachment, history of mental illness and substance use disorder, and ever-present suicidal ideation, while finding ways to better cope with his mood swings and aggressive behaviors; **2)** reduce her negative feelings about herself as a mother; and **3)** cope with her sibling’s terminal illness.



Examples of Treatment Goals

71 YO M, his wife, and their 28 YO lesbian daughter with recent history of MDD looking to improve communication, reduce the frequency and intensity of anger episodes the family experiences when discussing daughter's experience of being gay; increase client's willingness and capacity to share emotions; and increase family members' skills at reflective listening.


74 YO F with metastatic cancer diagnosis looking to: **1)** better cope with caregiving for her 75-year-old husband who has a neurodegenerative disorder; **2)** prioritize her own health; **3)** learn, after many years of caregiving, that “it is all right to put herself first”; **4)** be able “to say stuff out loud and feel less guilty.”

91 YO F with symptoms of anxiety and depression wanting to find the courage “to open up to her children” and share emotions. She noticed that this comes so easily to her friends. She also wants to “come to terms with what it means to be 90 years old.”




Examples of Treatment Goals

89 YO F looking for validation of her feelings and wishes to maintain independence and remain in her own home as her health and function decline due to heart failure and poor kidney and bladder function. Her close, supportive family members deflect conversations when she mentions death or her end of life wishes, but she wants to talk about it. She does not want to burden them.



84 YO M presenting with symptoms of depression, anxiety, and anger, seeking to repair his relationship with his daughter following years of a relationship that had grown more distant and conflictual. Their conversations are trite and not meaningful. He later shifted focus upon realizing that perhaps he needed to “fix himself first.”



78 YO M in search of an off-ramp to retirement while grappling to hold onto his professional identity and the privilege that his profession has afforded him.



Grieving losses of spouse, siblings, children, friends, health, function, etc.



Experience of Application Process

Helpful resources to assist with enrollment can be found at

<https://www.aamft.org/AAMFT/advocacy/medicare.aspx>

Medicare Practice: The Counselor's Perspective

**Mary H. Jernigan, MA, NCC, LCMHC,
CMHIMP, CCMC, EMDR Certified Therapist**
Immediate Past President, Licensed Clinical Counselors of North Carolina



“The Golden Age of Counseling”

- Prioritization of mental health by CDC and WHO during COVID-19 pandemic
- Greater telehealth flexibility coverage to permanency
- Interstate Counseling Compact movement
- Bipartisan Medicaid expansion
- Medicare inclusion achieved



Advancing Our Profession

Beginning a Medicare practice advances the profession globally by:

→ **Unifying advocacy strength**

Better outcomes improves parity potential.

→ **Integrative elevation**

Highlights clinical potential of counseling to the broader medical community.

→ **Expanding clinical innovation**

Serving the entire scope of the human experience broadens the horizon for practice standards generationally.



Primary care visits:

10–15m facetime

Counselor visits:

45–60m facetime

Team care:

Counseling sessions provide the time allocations to uncover previously unidentified health vulnerabilities for seniors. This data is essential for PCP chart reviews to lead prescriptive life-saving decision-making.

**What positive change
could happen in our
communities, our profession . . .
if each of us took **at least one**
new Medicare client?**

The healing potential of the **therapeutic alliance** reduces isolation and provides inspiration toward the senior's next adventure.



Tips for working with seniors:

- Build rapport during medication review.
- Begin right brain hemisphere balance via feelings identification.
- Honor the transformative power of self-soothing and mindfulness for pain.

Simple Credentialing

→ **PECOS system**

The [PECOS system is the same system](#) used to register an NPI. This system is used to collect basic information on the clinician and their practice.

→ **MAC**

[Medicare Administrative Contractors](#) can provide assistance and support where needed.



A group of diverse senior citizens are shown in a living room, cheering enthusiastically with their arms raised. In the foreground, a man in a blue patterned shirt and a woman in a yellow shirt are shouting with open mouths. Behind them, another woman in a light blue shirt and a woman in a white patterned shirt with glasses are also cheering. The background shows a typical home interior with a window and some furniture.

HAPPY FIRST YEAR TO MEDICARE- INCLUDED CLINICAL MENTAL HEALTH COUNSELORS!!!

*Let's make a difference in our
communities . . . together!*

One senior at a time.



Questions and Answers

Resources



Critical Resources on Medicare Part B Coverage of Counselors and MFTs

Legislation Mandating Medicare Part B Coverage of Counselors and Marriage and Family Therapists

<https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>

How to Enroll in the Medicare Program

- **Medicare Enrollment for Providers and Suppliers**
<https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos>
- **New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) FAQs (36 questions answered) Published Sept 2023**
<https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf>
- **The Medicare Learning Network:**
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnngeninfo>
- **Web-based Training:**
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/webbasedtraining>
- **Becoming a Medicare Provider (World of Medicare):**
<https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN9329634-WOM/WOM/index.html>
- **Weekly Email Newsletter for Medicare Providers:**
<https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>



Critical Resources on Medicare Part B Coverage of Counselors and MFTs cont.

Role of the Centers for Medicare and Medicaid Services (CMS)

- <https://www.investopedia.com/terms/u/us-centers-medicare-and-medicaid-services-cms.asp>
- <https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>

Medicare Mental Health Benefits for Beneficiaries

Medicare Mental Health:

<https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf>

Medicare Beneficiary Handbook:

<https://www.medicare.gov/medicare-and-you>



Critical Resources on Medicare Part B Coverage of Counselors and MFTs cont.

Medicare Administrative Contractors (MACs)

<https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac>

Medicare Physician Fee Schedule

<https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

Key Steps to Becoming a Medicare Provider

1. Register in the I&A System
2. Get an NPI
3. Enter information into PECOS
4. Decide if you want to be a participating provider

[Form CMS-855I: Physicians and non-physician practitioners \(PDF link\)](#)





**Thank you
for attending!**



**Medicare Mental Health
Workforce Coalition**