nbcc
NATIONAL BOARD FOR CERTIFIED COUNSELORS® AND AFFILIATES

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January 26, 2026

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–4212–P
P.O. Box 8013
Baltimore, MD 21244–8013

RE: COMMENTS ON PROPOSED RULE:
Medicare Program; Contract Year 2027 Policy and Technical Changes to the Medicare Advantage Program and Medicare Prescription Drug Benefit Program
CMS-4212-P
RIN 0938–AV63

The National Board for Certified Counselors and Affiliates (NBCC) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) **Medicare Program; Contract Year 2027 Policy and Technical Changes to the Medicare Advantage Program and Medicare Prescription Drug Benefit Program (CMS-4212-P).**

NBCC provides national certification and the nationally normed examinations for state licensure for Mental Health Counselors (MHCs). NBCC maintains standards and processes that ensure that MHCs who become board certified have achieved the highest standard of practice through education, examination, supervision, experience, and ethical guidelines. Established as a not-for-profit, independent certification organization in 1982, NBCC has decades of commitment to expanding access to and utilization of mental and behavioral health services in communities across the globe. NBCC provides the examinations used for professional counseling licensure by all 50 states, Puerto Rico, Guam, and the Virgin Islands. These examinations include the National Counselor Examination (NCE) and the National Clinical Mental Health Counseling Examination (NCMHCE).

NBCC has reviewed the Proposed Rule, and we commend CMS for proposing important provisions that would improve access to behavioral health services for Medicare beneficiaries. We have the following comments:

I. STRONG SUPPORT: DEPRESSION SCREENING AND FOLLOW-UP STAR RATINGS MEASURE

NBCC strongly supports CMS's proposal to add a Part C Depression Screening and Follow-Up measure to the Star Ratings program beginning with the 2027 measurement year.

Why This Matters:

Depression is highly prevalent among Medicare beneficiaries yet often underdiagnosed and undertreated. This measure appropriately focuses not just on screening but on ensuring that beneficiaries who screen positive for depression receive timely follow-up care within 30 days—a critical component for improving outcomes.

Mental Health Counselors are essential to meeting this measure's goals. Licensed Mental Health Counselors provide evidence-based depression treatment, including psychotherapy and care coordination, and are uniquely positioned to deliver the follow-up care required by this measure.

Recommendations:

- **Ensure Adequate Provider Networks**: CMS should monitor Medicare Advantage (MA) plans to ensure they have sufficient networks of MHCs to provide timely follow-up care for beneficiaries who screen positive for depression.
- **Clarify "Appropriate Follow-Up Care"**: CMS should provide clear guidance that appropriate follow-up includes appointments with qualified mental health professionals (including MHCs), evidence-based psychotherapy, and care coordination services.
- **Include Telehealth**: CMS should ensure MA plans count telehealth-delivered follow-up care toward measure performance, recognizing that telehealth is essential for beneficiaries in rural areas and those with mobility or transportation barriers.

II. STRONG SUPPORT: DUAL ELIGIBLE SPECIAL NEEDS PLANS (D-SNPs) ENHANCEMENTS

NBCC strongly supports CMS's focus on improving D-SNP services for beneficiaries with serious mental illness (SMI) and substance use disorders, including proposed amendments to streamline passive enrollment and strengthen care coordination requirements.

Why This Matters:

Dual-eligible beneficiaries with behavioral health conditions face significant challenges navigating fragmented Medicaid and Medicare systems. D-SNPs offer a critical opportunity to integrate care and improve outcomes for this vulnerable population.

Mental Health Counselors play a critical role in providing evidence-based treatment, care coordination, and wraparound services for individuals with SMI in D-SNP programs.

Recommendations:

- **Require Behavioral Health Expertise in Care Coordination Teams:** D-SNPs serving beneficiaries with SMI should include Licensed Mental Health Counselors or other qualified behavioral health professionals in care coordination teams.
- **Mandate Comprehensive Behavioral Health Assessments:** Health risk assessments for D-SNP enrollees with SMI should include comprehensive behavioral health screenings addressing mental health symptoms, substance use, trauma history, suicide risk, medication adherence, and social determinants of health.
- **Establish Network Adequacy Standards**: CMS should establish and enforce network adequacy standards for D-SNPs that ensure sufficient access to MHCs, including adequate numbers, geographic distribution, and culturally appropriate providers.

III. MEDICARE ADVANTAGE NETWORK ADEQUACY STANDARDS FOR MENTAL HEALTH COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS

NBCC is concerned that the proposed 2027 rule does not reference the "Outpatient Behavioral Health" facility-specialty type codified in the 2025 Medicare Advantage final rule to ensure MHCs and Marriage and Family Therapists (MFTs) are appropriately recognized in MA provider networks and directories.

Why This Matters:

In the Contract Year 2024 MA final rule, CMS adopted new network adequacy regulations for Clinical Social Workers, Clinical Psychologists, and prescribers of opioid use disorder medications. In the Contract Year 2025 rule, CMS extended these requirements to MHCs and MFTs by creating the Outpatient Behavioral

Health (OBH) facility-specialty type under 42 C.F.R. § 422.116(b)(2). However, the proposed 2027 rule does not reference this designation, creating uncertainty about CMS's continued commitment to ensuring appropriate network inclusion of MHCs and MFTs.

NBCC's Position:

While we appreciate CMS's inclusion of MHCs in MA network adequacy standards, **NBCC believes the facility-specialty designation is not the best way to integrate these providers into Medicare Advantage**. We have received reports that MHCs are experiencing difficulty obtaining MA plan contracts when plans believe they are already in compliance with network adequacy requirements. Although many services provided by MHCs are delivered in outpatient behavioral health settings, **most of those services are provided in private practice settings**.

CMS previously stated it would consider a different specialty type once it had adequate data on MHCs and MFTs. With two years of implementation data now available, NBCC requests that CMS review that data and **designate Mental Health Counselors and Marriage and Family Therapists as individual provider-specialty types** under 42 C.F.R. § 422.116(b)(1). This action will strengthen network adequacy requirements, address reported contracting barriers, and align with congressional direction in Section 4121 of the Consolidated Appropriations Act to expand Medicare coverage for MHC services.

Recommendations:

1. **Designate Mental Health Counselors and Marriage and Family Therapists as Individual Provider-Specialty Types**: CMS should apply network adequacy rules that include MHCs as individual provider-specialty types to increase access to care, address contracting barriers, and ensure equitable treatment with other mental health professionals.
2. **Review Two Years of Implementation Data**: CMS should analyze data collected since 2025 on MHC network participation, utilization rates, beneficiary access metrics, and contracting challenges to inform its consideration of reclassification.
3. **Confirm Continued Applicability**: Short of individual provider-specialty designation, CMS should explicitly confirm in the final rule that the Outpatient Behavioral Health facility-specialty type remains in effect for Contract Year 2027 and beyond.
4. **Establish Enhanced Data Collection and Network Adequacy Standards**: CMS should require MA plans to report on the number of MHCs in networks, utilization rates, beneficiary access metrics, and contracting barriers, and should enforce network adequacy standards specific to these providers, including provider-to-beneficiary ratios and geographic access in rural and underserved areas.

Bottom Line: With two years of data available, CMS should reclassify MHCs and MFTs as individual provider-specialty types to strengthen network adequacy, eliminate contracting barriers, improve beneficiary access to mental health care, and ensure equitable treatment of these essential professionals in Medicare Advantage.

IV. SUPPORT: NON-OPIOID PAIN MANAGEMENT AND OPIOID OVERSIGHT

NBCC supports CMS's consideration of allowing MA plans to offer evidence-based, non-opioid pain treatments as Supplemental Benefits for the Chronically Ill (SSBCI) and the proposed opioid prescriber oversight procedures.

Mental Health Counselors provide evidence-based psychotherapies for chronic pain, including Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) and Acceptance and Commitment Therapy (ACT), which are effective in reducing pain severity, improving function, and reducing opioid reliance.

Recommendations:

- **Include Evidence-Based Psychotherapy in SSBCI**: CMS should clarify that evidence-based psychotherapies for chronic pain qualify as SSBCI benefits and encourage MA plans to include mental health counseling services in pain management programs.
- **Ensure Network Access**: MA plans offering SSBCI pain management benefits should ensure network access to Licensed Mental Health Counselors qualified to deliver evidence-based pain interventions.

V. GENERAL RECOMMENDATIONS FOR MENTAL HEALTH ACCESS

Beyond the specific provisions addressed above, NBCC urges CMS to continue prioritizing and strengthening mental health access in Medicare Advantage through the following actions:

- **Enforce Mental Health Parity**: Rigorously enforce the Mental Health Parity and Addiction Equity Act (MHPAEA) to ensure MA plans do not impose greater restrictions on mental health benefits compared to medical/surgical benefits.
- **Address Payment Equity**: MHCs continue to be reimbursed at lower rates than other mental health professionals for equivalent services. CMS should work with Congress to address payment inequities that discourage provider participation and limit beneficiary access.
- **Expand Telehealth Access**: Maintain and expand telehealth flexibilities for mental health services, which are essential for access in rural and underserved areas.
- **Improve Provider Directory Accuracy**: Strengthen requirements for MA plans to maintain accurate, up-to-date provider directories and impose meaningful penalties for non-compliance.

CONCLUSION

NBCC appreciates CMS's continued commitment to improving mental health access and care coordination in Medicare Advantage. We strongly support the proposed Depression Screening and Follow-Up Star Ratings measure and D-SNP enhancements, and we urge CMS to:

- ensure MA plans have adequate networks of licensed mental health professionals to meet the mental health needs of beneficiaries by including Mental Health Counselors as Individual Provider-Specialty Types.
- clarify the continued applicability of the Outpatient Behavioral Health facility-specialty type and establish data collection and network adequacy standards.
- continue prioritizing mental health parity, payment equity, and access in future rulemaking.

Mental Health Counselors are essential providers serving millions of Medicare beneficiaries. NBCC looks forward to continued collaboration with CMS to improve mental health care access and quality in the Medicare Advantage program.

Please contact Brian D. Banks, Executive Director, Policy, Advocacy, and Research in Counseling Center, at Banks@nbcc.org with any questions or for further discussion.

Respectfully submitted,

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