

NATIONAL ASSOCIATION OF SOCIAL WORKERS

Improving Access to Mental Health Act of 2015 (S. 2173/H.R. 3712) – Frequently Asked Questions

The *Improving Access to Mental Health Act of 2015* (S. 2173/H.R. 3712), introduced by Senators Stabenow (D-MI) and Mikulski (D-MD) and Representative Lee (D-CA), amends the Social Security Act to improve Medicare beneficiaries' access to mental health services. The legislation includes three sections: increasing clinical social worker (CSW) reimbursement rates, expanding the definition of "clinical social worker services" to include Health and Behavior Assessment and Intervention Services, and enabling CSWs to seek reimbursement for services provided to beneficiaries receiving skilled nursing facility services. This document addresses frequently asked questions about the legislation.

FAQS: COST

Q: How much does the Improving Access to Mental Health Act of 2015 (S. 2173/ H.R. 3712) cost?

A: Members of Congress are concerned about the cost impact of legislation on the federal budget. Typically, any changes to federal law must be "paid for" or offset by cutting another part of the federal government. If a bill is expected to cost money, the follow-up question is, "What is the pay-for?"

The Congressional Budget Office (CBO) is a nonpartisan federal agency that is responsible for estimating the costs of proposed legislation. A member of Congress must initiate the request for a CBO score.

Given the high volume of legislation that CBO has to review, priority is given to legislation that is being considered in Committee or on the House and Senate floor at that moment. NASW is working with our Congressional champions to secure a CBO score. Simultaneously, NASW is seeking an actuarial firm to provide an independent cost analysis of the Improving Access to Mental Health Act. Although such a study would not replace the need for a CBO score, the independent estimate would help to demonstrate the financial impact of the S. 2173/H.R. 3712—and, in so doing, could encourage members of Congress to cosponsor the legislation.

FAQS: REIMBURSEMENT

Q: What is the current Medicare reimbursement rate for clinical social worker services?

A: Medicare reimburses CSWs for clinical social worker services at 75 percent of the Medicare physician fee schedule rate.

Q: How does the Improving Access to Mental Health Act of 2015 improve the reimbursement rate for CSWs who are Medicare providers?

A: S. 2173/H.R. 3712 increases the reimbursement rate for clinical social worker services to 85 percent of the Medicare physician fee schedule rate, which is equivalent to the rate paid to physical therapists, speech and language pathologists, and occupational therapists.

Q: Given that CSWs provide mental health services, why doesn't the Improving Access to Mental Act of 2015 advocate for CSWs to be reimbursed at 100 percent of the physician fee schedule?

A: Most clinical social workers have a Master of Social Work, which is a terminal degree not comparable with either the PhD-level psychologist or the Medical Doctorate of a psychiatrist. Thus, S. 2173/H.R. 3712 establishes equity between CSWs and other non-physician practitioners who receive 85 percent of the physician fee schedule.

FAQS: HEALTH AND BEHAVIOR ASSESSMENT AND INTERVENTION SERVICES

Q: What are Health and Behavior Assessment and Intervention services?

A: Health and Behavior Assessment and Intervention (HBAI) services are cognitive, behavioral, social, and psychophysiological procedures designed to improve a beneficiary's physical health and well-being. The services are used with beneficiaries who present with an established physical illness or symptoms and do not have a diagnosed mental illness.

Q: Social workers have been providing HBAI services in health care settings for several decades. Why does the Improving Access to Mental Health Act of 2015 focus on these services?

A: In 2002, Health and Behavior Assessment and Intervention codes were introduced and added to the Medicare physician fee schedule, which provides reimbursement to CSWs that treat Medicare beneficiaries. Although HBAI services are within the scope of practice for CSWs, Medicare does not currently reimburse CSWs for these services.

Q: Given that HBAI services fall within the scope of practice for CSWs, why is Medicare payment not allowed?

A: Section 1861(hh)(2) of the Social Security Act defines “clinical social worker services” as the “diagnosis and treatment of mental illnesses.” Thus, Medicare only reimburses CSWs for those services. The HBAI codes are unrelated to mental illness and focus only on the beneficiary’s physical health.

Q: Why should clinical social workers be able to receive reimbursement for the HBAI services?

A: HBAI services improve the health and well-being of Medicare beneficiaries. Enabling CSWs to receive reimbursement for the HBAI services will enhance beneficiaries’ access to these services.

Q: How does the Improving Access to Mental Health Act of 2015 address the lack of reimbursement for HBAI services performed by CSWs?

A: S. 2173/H.R. 3712 broadens the definition of “clinical social worker services” by amending section 1861(hh)(2) of the Social Security Act. This change will enable clinical workers to receive Medicare reimbursement for HBAI services.

FAQS: SKILLED NURSING FACILITY SERVICES

Q: What is the difference between a skilled nursing facility (SNF) and a nursing home?

A: SNF services include rehabilitation (physical therapy, occupational therapy, or speech/language pathology) following an illness or injury and care that can only be provided by a registered nurse or physician (such as caring for someone on a ventilator). Generally speaking, Medicare Part A pays for these services on a short-term basis. Nursing home services, which are usually provided on a long-term basis, include activities of daily living (such as bathing and dressing). Medicare Part A does not cover nursing home services unless the beneficiary simultaneously receives SNF services. Thus, nursing home services tend to be paid out of pocket, through Medicaid, or through commercial long-term care insurance.

Q: What types of services do clinical social workers perform in a nursing home?

A: Many nursing homes employ salaried CSWs to provide medically related social services to nursing home residents. CSWs who are Medicare providers and who are not employed by the nursing home to provide medically related social services can seek independent reimbursement from Medicare Part B for psychotherapy services provided to nursing home residents.

Q: What types of services do clinical social workers perform in a SNF?

A: Similar to nursing homes, some SNFs employ CSWs to provide medically related social services to SNF residents. However, CSWs are not able to seek independent reimbursement from Medicare Part B for any services provided to SNF residents.

Q: Can CSWs who provide Medicare Part B reimbursed psychotherapy services to a nursing home resident continue to seek independent reimbursement from Medicare Part B when the resident is transferred to a SNF?

A: No. CSWs are not able to receive independent reimbursement from Medicare when a nursing home resident is transferred to any SNF, whether the SNF is within the same building as or geographically distinct from the nursing home.

Q: What happened when SNF consolidated billing was implemented?

A: The Balanced Budget Act of 1997 mandated that payment for almost all services provided to Medicare beneficiaries during a SNF stay be included in a bundled prospective payment made through Medicare Part A. The SNF must bill the bundled services to the Part A Medicare Administrative Contractor in a consolidated bill. Clinical social worker services were not excluded from consolidated billing, but services provided by psychiatrists and psychologists were excluded. Thus, CSWs are unable to seek independent reimbursement for psychotherapy services provided in a SNF.

Q: Can CSWs who are salaried employees of a SNF seek independent reimbursement from Medicare for psychotherapy services provided to SNF residents?

A: No, CSWs who are salaried employees of a SNF cannot seek independent reimbursement from Medicare for psychotherapy services because all services provided by clinical social workers are included in the SNF bundled service requiring consolidated billing.

Q: How does the Improving Access to Mental Health Act of 2015 assist Medicare beneficiaries in obtaining access to psychotherapy services provided by CSWs in SNFs?

A: S. 2173/H.R. 3712 excludes clinical social worker services from SNF consolidated billing, just as psychiatrist services and psychologist services are excluded.

Q: What would the impact of the Improving Access to Mental Health Act of 2015 be on CSWs who are employed by SNFs to provide medically related social services as part of the SNF conditions of participation?

A: S. 2173/H.R. 3712 would not remove the requirement that SNFs provide medically related social services to their residents. Moreover, the section of the bill that redefines “clinical social worker services” applies only to Medicare providers seeking independent reimbursement under Medicare Part B, not to services provided by CSWs in settings with consolidated billing. Thus, passage of S. 2173/H.R. 3712 would not require the Agency to make any changes in the rules governing CSWs employed by SNFs who provide medically related social services.

HOW CAN I HELP TO ADVANCE THE IMPROVING ACCESS TO MENTAL HEALTH ACT OF 2015?

NASW is exercising all avenues to advance S. 2173/H.R. 3712. We ask that you urge members of Congress to cosponsor the legislation so that we can build strong bipartisan support.

Obtaining bipartisan cosponsors on both bills is critical, especially support from those who serve on the [Senate Finance Committee](#), [House Energy and Commerce Committee](#), and [House Ways and Means Committee](#).

- » Full lists of cosponsors: [Senate](#), [House](#)
- » [Sample letters](#) to sponsors and nonsponsors

As you connect with federal legislators, please engage the NASW national office at dkastner@naswdc.org so that the association can support your efforts to maximize results.