

April 18, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted by electronic survey:

https://cmsmedicaidaccessrfi.gov1.qualtrics.com/jfe/form/SV_6EYj9eLS9b74Npk

RE: Request for Information: Access to Coverage and Care in Medicaid & CHIP

The National Association of Social Workers (NASW) submits comments on the CMS **Request for Information: Access to Coverage and Care in Medicaid & CHIP**.

Founded in 1955, NASW is the largest membership organization of professional social workers in the United States. NASW has 110,000 members and works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

Social workers are the largest provider of mental, behavioral, and social care services in the nation at 700,000+. We are also an essential workforce in diverse settings, including healthcare, schools, community clinics, and child welfare agencies where Medicaid and CHIP beneficiaries receive services. Social workers provide psychosocial support to vulnerable populations with chronic mental and physical conditions, and individuals with high social needs.

Social workers are licensed and credentialed at the bachelor's, master's, and doctoral levels. Approximately 250,000 social workers are licensed clinical social workers. As an essential workforce, social workers serve on the frontlines helping communities directly affected by the pandemic, delivering mental and behavioral health services to individuals and families in crisis, and working to ensure that care and services are accessible for those in need of assistance. Social workers have experience delivering care during all phases of the pandemic and offer important insights about how to connect individuals to health insurance coverage and health care services – especially to underserved and marginalized communities.

Objective 1

1. NASW supports mechanisms that facilitate enrollment of individuals in Medicaid and CHIP and minimize barriers to coverage disruptions. NASW supports state level efforts to use automated enrollment and ex parte renewals through data verification. However, terminations should not be based on data matches alone-- there must be several outreach efforts and opportunities for individuals and families to provide income information before coverage termination.

A 2019 Consensus Study from the National Academies of Sciences, Engineering and Medicine, [*Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health*](#) recommends policies of continuous program eligibility through CMS to create stable pools of populations where the return on social investments can be seen in a long-term perspective. We know that many states are implementing innovative programs through Medicaid that address social risk factors through care coordination and services for housing support, transportation, nutrition and other social needs. Social workers are critical to the success of these programs, and highly skilled at bridging gaps between the health care and social services sector, to create a supportive continuum of care.

3. Social workers across health and community settings play a critical role in helping individuals overcome barriers to enrollment for populations that experience homelessness, communities of color, people whose primary language is not English, people who identify as LGBTQ+, people with mental health and substance use disorders, etc. NASW encourages CMS to fund navigator programs that have the ability reach these populations and provide ongoing financial support to build capacity at the community level. Community-based organizations are important resources to individuals and families throughout the year and can provide support for families experiencing redeterminations or disenrollments.

CMS should also encourage access to support in a variety of ways—in-person, by phone and online web tools to meet the needs of different groups. CMS should retain flexibilities that were established during the pandemic to provide additional support virtually and enroll people with remote assistance. CMS should encourage or require states to increase the number and type of sites of care in which people can obtain presumptive eligibility.

Objective 2

- 1.** NASW urges CMS to make publicly available all state redetermination plans and allow for input from stakeholders. NASW has 55 Chapters nationwide which can be a resource to identify improvements to state redetermination plans. States should provide baseline and monthly redetermination reports so that stakeholders can help CMS identify and rectify emerging problems.
- 2.** States should connect with third-party data sources and beneficiaries should have the opportunity to verify data if eligibility is in question. Beneficiaries should not be terminated based on failure to respond to a state notice unless the state has taken all feasible and effective steps to obtain current contact information. States should be prohibited from redetermining eligibility before regular renewal based on data matches initiated by the state.

Objective 3

- 1.** NASW supports CMS efforts to establish national standards for network adequacy which include appointment wait times, distance minimums, and language access. CMS should have

the long-term goal of creating a single national standard of network adequacy for common provider types.

With the drastic increases in mental health conditions and substance use disorders since the beginning of the pandemic, there is an imperative to establish network adequacy standards for behavioral health services. NASW endorses the “Consensus Recommendations on Network Adequacy and Oversight for Advancing Equitable Access to Mental Health and Substance Use Care for Children and Youth,” led by Mental Health America, <https://mhanational.org/sites/default/files/Network-Adequacy-Brief-Final.pdf>.

2. NASW encourages CMS to allow public access to reporting on minimum standards. In addition, public input process would provide stakeholders and providers with more immediate insight into factors that affect service delivery. States should be required to collect, analyze, and make public this information to contribute to understanding of access in the Medicaid system.

3. Medicaid waivers are an important opportunity to support investments in payment reform, care coordination and social needs. Social workers are key providers across the health care continuum that support individuals with complex health and social risk factors. NASW recommends that Medicaid pay for performance in a manner that holds the health care system accountable for reduced health disparities, provides incentives for health systems to build and staff relationships with social service providers and community-based organizations, and provides strong quality incentives tied to population health can create strong incentives to build more holistic care delivery. The 2019 Consensus Study from the National Academies of Sciences, Engineering and Medicine, [*Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health*](#) reflects these recommendations.

4. Cultural competency and language preferences should be factors considered in minimum access standards. Local and regional population needs should be considered with mechanisms for regular consumer feedback and community input to identify gaps in services.

5. To diversify the pool of available providers for Medicaid and CHIP CMS can address several barriers:

- Remove barriers for social workers and other providers to practice interstate, particularly during public health emergencies.
- Increase workforce investments in mental health professionals to include social workers to support training, professional development and address tuition/student loan debt.
- Support further expansion of telehealth and related flexibilities to enabling access to essential care. During the COVID-19 pandemic social workers and other mental health providers quickly transitioned to deliver vital mental health and behavioral health services using technology, including video conferencing, smartphones and audio-only telehealth.

Responding to the nation's current and future complex mental health and behavioral health crises will require meaningful and strategic investment in the social work profession across settings.

Objective 4

2. CMS can monitor the robustness of provider networks across delivery systems by using claims data to determine utilization, reporting by states and health insurance plans, and Depression/Alcohol Use Screening and Follow-Up HEDIS measures in claims data to track the receipt of care for mental and behavioral health services. Please see "Consensus Recommendations on Network Adequacy and Oversight for Advancing Equitable Access to Mental Health and Substance Use Care for Children and Youth," led by Mental Health America, <https://mhanational.org/sites/default/files/Network-Adequacy-Brief-Final.pdf> for recommendations.