MHLG | MENTAL HEALTH LIAISON GROUP

MENTAL HEALTH AND ADDICTION ADVOCATES ADVANCING POLICY, LEADING CHANGE

December 17, 2025

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Dan Brillman
Deputy Administrator and Director
Centers for Medicare & Medicaid Services
Centers for Medicaid and CHIP Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: Guidance on Community Engagement Requirements for Individuals with Mental Health Conditions and Substance Use Disorders

Dear Administrator Oz and Deputy Administrator Brillman:

The Mental Health Liaison Group (MHLG) is a coalition of national organizations representing people with mental health conditions and substance use disorders (MH/SUD), family members, mental health and addiction providers, advocates, and other stakeholders committed to strengthening Americans' access to MH/SUD care. We write to urge the Centers for Medicare & Medicaid Services (CMS) to ensure that implementation of the community engagement provisions included in H.R. 1 protect access to care for the millions of Americans living with MH/SUD. As the single largest payer of MH/SUD services, Medicaid plays a critical role in addressing our nation's ongoing mental health and addiction crisis. Given this context, CMS can and should take steps to ensure that eligible individuals do not lose coverage through the recommended efforts outlined below.

Oversight on Coverage Continuity and Access to Care

CMS should monitor and report the impact on access to MH/SUD services and coverage stability. CMS should require states to monitor and report the effect of community engagement requirements on individuals with MH/SUD. Regular reporting on coverage continuity, exemption determinations, and access to care should guide ongoing policy adjustments to ensure protection of coverage and access to essential behavioral health services.

Education and Stakeholder Engagement

CMS should engage advocates and beneficiaries in the implementation and education process. The agency should provide technical assistance to help states communicate policy changes clearly, consistently, and transparently. Ongoing stakeholder engagement can help identify communication gaps and ensure that exemptions and requirements related to MH/SUD are well understood. Collaboration

with individuals with lived experience, advocacy organizations, and provider stakeholders is essential to ensure effective implementation and sustained access to MH/SUD services and coverage.

We invite CMS to meet with MHLG or attend an upcoming MHLG meeting to discuss implementation plans, monitoring strategies, and opportunities for collaboration with the behavioral health community.

Protecting Access to Care for Individuals with Mental Health Conditions and Substance Use Disorders

Effective implementation of H.R. 1 will depend on clear definitions and streamlined processes. People living with MH/SUD often face barriers that make complex reporting or documentation especially challenging. CMS must provide states with guidance that protects access and ensures that eligible individuals do not lose coverage unnecessarily. Key recommendations to protect individuals with MH/SUD include:

- Establish a minimum federal floor that defines "medically frail," "substance use disorder," and "disabling mental disorder" broadly to reflect the chronic and fluctuating nature of MH/SUD.
- Allowing states to use a variety of methods to identify individuals who are exempt, ensuring simplicity of administration and the best interests of the applicant or beneficiary.[1]
- Adopting a comparable regulation as the SNAP work reporting requirements to (1) screen individuals for exemptions and (2) apply the exemption that will be in effect the longest.[2]
- Streamlining redetermination by allowing individuals previously identified as exempt to confirm no change in status, rather than submit new documentation at each renewal.

Additional details and the rationale for these recommendations can be found in two reports: the first, compiled by the Legal Action Center, is *Protecting People with Substance Use Disorders and Formerly Incarcerated Individuals from Losing Medicaid Coverage: Recommendations on Implementing the H.R. 1 Work Reporting Requirements*. The second, compiled jointly by the Legal Action Center and the National Alliance on Mental Illness, is *Work Reporting Requirements and Mental Health: Recommendations to Protect Individuals with Mental Health Conditions from Losing Medicaid*.

Conclusion

Clear, consistent federal guidance and oversight will be essential to ensure that H.R. 1 implementation achieves its stated goals while protecting access to care for the millions of people with mental health conditions and substance use disorders who rely on Medicaid. We appreciate your consideration and your continued partnership in supporting individuals and families affected by these conditions.

If you have any questions or would like to discuss this issue, please do not hesitate to contact Hannah Wesolowski, Chief Advocacy Officer at the National Alliance on Mental Illness (hwesolowski@nami.org).

[1] See 42 CFR 435.902.
[2] See 7 C.F.R. 273.7(b)(3)

Sincerely,
Signatories:

National Alliance on Mental Illness
Legal Action Center
American Academy of Nursing
American Association of Psychiatric Pharmacists
American Association on Health and Disability
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Occupational Therapy Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association Services
American Society of Addiction Medicine
Anxiety and Depression Association of America
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Community Catalyst
Employee Assistance Professionals Association
Epilepsy Foundation of America
Fountain House
Global Alliance for Behavioral Health & Social Justice
Inseparable
International Society of Psychiatric-Mental Health Nurses
Maternal Mental Health Leadership Alliance
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)
National Association of Pediatric Nurse Practitioners
National Association of Social Workers
National Board for Certified Counselors
National Eating Disorders Association
National League for Nursing
National Register of Health Service Psychologists
Network of Jewish Human Service Agencies
REDC Consortium
SMART Recovery
The Jed Foundation
The Carter Center
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Advocacy Center (TAC)