



September 11, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: CMS-1786-P – Medicare Program: Calendar Year 2024 Hospital Outpatient Prospective Payment System

Dear Administrator Brooks-LaSure:

AARP, which advocates for the more than 100 million Americans age 50 and older, appreciates the opportunity to comment on the proposed Medicare Hospital Outpatient Prospective Payment System for calendar year 2024. Our comments focus on partial hospitalization services and intensive outpatient program services.

Payment for Partial Hospitalization (PHP) and Intensive Outpatient (IOP) Services

AARP supports amending the definition of partial hospitalization services and establishing coverage for intensive outpatient program services under Medicare, which have been shown to help individuals remain in their homes and communities while recovering from mental health illness or substance abuse disorder (SUD). IOPs provide between 9 and 24 hours of services on a weekly basis to patients, allowing them to determine the appropriate and sustainable level of care needed to improve mental health and substance abuse disorders in a less restrictive environment than inpatient psychiatric rehabilitation. Older adults have reported stigma, Medicare's lack of behavioral health treatment coverage, and uncertainty about the benefits of behavioral health treatment as barriers to accessing care. CMS should encourage providers to have discussions with patients about mental health illness and SUD, new treatment types available under Medicare, and the efficacy of treatment programs such as IOPs and other outpatient behavioral health care.

IOPs provide a wide array of services to patients, with each person receiving a tailored treatment plan to maximize their chances of successfully completing recovery. AARP urges CMS to ensure IOP plans are designed for the individual. For instance, CMS should ensure IOP providers are customizing treatment plans to respect patient values, background, language, and cultural preferences. CMS should also encourage familial participation in patient treatment plans, as ideal candidates for IOPs have safe and encouraging home environments with friends and family supporting the patient's healing. Additionally, many older adults often suffer co-morbidities

which are worsened by substance abuse disorder, and these co-morbidities need to be accounted for and considered when creating a patient's treatment plan. Similarly, many older adults often take multiple medications to treat physical conditions that can create complications in using medications to treat behavioral health illnesses, which IOPs will also need to evaluate when treating Medicare beneficiaries.

CMS also seeks comment on its proposed consolidated list of HCPCS codes that would be payable when furnished in a PHP and IOP. CMS is soliciting comment on whether it would be appropriate to include caregiver-focused services in the list of recognized services for PHP and IOP. CMS identified the following HCPCS codes describing services related to caregivers:

- 96202 multiple-family group behavior management/modification training for parents(s) guardians(s) caregivers(s) with a mental or physical health diagnosis, administered by a physician or other qualified health professional without the patient present, face to face up to 60 minutes;
- 96203 each additional 15 minutes;
- 96161 administration of caregiver-focused health risk assessment instrument (that is, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument;
- 9X015 CAREGIVER TRAINING 1ST 30 MIN;
- 9X016 CAREGIVER TRAINING EACH ADDITIONAL 15 MIN; and
- 9X017 GROUP CAREGIVER TRAINING.

CMS notes that the Community Mental Health Center conditions of participation already include references to the role of caregivers in the development and implementation of the individualized treatment plan for PHP patients. CMS is soliciting comments on whether it would be appropriate to include costs for such services in the calculation of PHP and IOP per diem payment rates.

AARP believes it would be appropriate to include caregiver-focused services in the list of recognized services for PHP and IOP. We also believe it would be appropriate to include costs for such services in the calculation of PHP and IOP per diem payment rates. This could increase access to important support for caregivers of those receiving services for PHP and IOP.

Thank you for the opportunity to comment on the proposed rule. If you have any questions about our comments or need more information, please feel free to contact me or Andrew Scholnick of our Government Affairs staff at ascholnick@aarp.org.

Sincerely,



David Certner
Legislative Counsel and Legislative Policy Director
Government Affairs