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August 15, 2011

**RE: Comments on Proposed Decision Memo for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (CAG-00427N)**

The National Council for Community Behavioral Healthcare appreciates the opportunity to comment on the proposed Decision Memo for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse. Together with our over 1,900 member organizations, we serve our nation’s most vulnerable citizens — more than 8 million adults and children with mental illnesses and addiction disorders. A substantial number of those served have Medicare coverage because they are aged or working-age disabled. We are committed to providing comprehensive, quality care that affords every opportunity for recovery and inclusion in all aspects of community life.

The National Council commends CMS for its proposal to cover annual alcohol screening and behavioral counseling interventions when indicated in the screening. This proposal recognizes the importance of screening and providing brief interventions for individuals with at-risk alcohol behaviors.

**However, we encourage CMS to strengthen the proposal by expanding the types of providers who may provide counseling in a primary care setting, similar to the criteria included in a companion decision memo also released on July 19, 2011: Proposed Decision Memo for Screening for Depression in Adults (CAG-00425N).**

In its proposed decision memo on depression screening, CMS proposed to cover annual depression screening in primary care settings that have staff-assisted depression care supports in place. The memo clarified that “staff-assisted depression care supports” consist of “clinical staff in the primary care office who can advise the physician of screening results and who can facilitate and coordinate referrals to mental health treatment.”

In contrast, the proposed decision memo on alcohol screening and behavioral counseling interventions restricted the types of staff who may provide such counseling and support to “primary care physicians or other primary care practitioners in a primary care setting.” The Social Security Act (SSA) defines a primary care practitioner as a nurse practitioner,

a clinical nurse specialist, or a physician assistant. This definition excludes many types of clinical staff working in primary care settings who are trained and qualified to provide behavioral counseling interventions for alcohol misuse. For example, licensed psychologists and licensed social workers are experienced in providing necessary counseling and staff supports, and many primary care offices currently employ such behavioral health professionals. As more and more practices move toward an integrated approach to providing behavioral and physical healthcare, we can expect that the number of behavioral health professionals employed in primary care settings will only grow over time.

The National Council has over 10 years of experience providing technical assistance and support to integrated care initiatives throughout the country. It has been our experience in working with these practices – both in primary care and behavioral health settings – that primary care providers are frequently under significant time limitations when treating their patients. Allowing other team members who are adept at behavioral health interventions to provide these services will both alleviate the burden on primary care practitioners and enhance patients’ access to appropriate counseling.

For this reason, the proposal to restrict coverage of behavioral counseling interventions to only those provided by primary care practitioners as defined in the SSA is not conducive to ensuring access to appropriate and timely interventions. The National Council encourages CMS to use the language in the Proposed Decision Memo for Screening for Depression in Adults as a model for the Proposed Decision Memo for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse.

Specifically, we request that CMS replace the third bullet point in the second paragraph, “Whose counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting” with the following language:

*Whose counseling is furnished in a primary care setting.*

We further recommend that CMS add the following definition of clinical support staff, modeled after the definition in the proposed decision memo on depression:

*At a minimum level, behavioral counseling interventions should be provided by licensed clinical staff in the primary care office who can advise physicians of screening results, facilitate and coordinate referrals to mental health treatment, and who are trained in offering such interventions.*

If you have questions about these comments, please contact: Chuck Ingoglia, Vice President, Public Policy at [ChuckI@thenationalcouncil.org](mailto:ChuckI@thenationalcouncil.org) or 202-684-7457 ext 249.

Sincerely,

A handwritten signature in black ink that reads "Linda Rosenberg". The signature is written in a cursive style with a large initial "L" and a long, sweeping underline.

Linda Rosenberg  
President/CEO