Innovations in Telehealth and Digital Mental Health for Older Adults

Thursday, Feb. 5, 2026

noon—1:30 pm EST

Sponsored by the Medicare Mental Health Workforce Coalition

Meeting Details

1 **Closed Captioning** is enabled, and attendees can turn CC on or off as they desire.

2 **Interpreter Phone Number: 305-224-1968** **Webinar ID: 853 6697 1233** **Passcode: 635867**

3 **Session Evaluation / Take our survey at the end of the webinar.** (CE credit for live attendance only)

4 Webinar will be posted on the NBCC website a few days following the webinar.

5 **Q&A:** Please add your questions in the Q&A box at any time during the meeting.

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National Board for Certified Counselors

National Council for Mental Wellbeing

National Council on Aging

Network of Jewish Human Service Agencies

The Jewish Federations of North America

Learning Objectives

By the end of this webinar, participants will be able to:

1. **assess older adults' readiness** for telehealth and identify strategies to address common barriers.

2. **adapt** clinical assessment and intervention techniques.

3. **navigate** Medicare coverage requirements, billing procedures, and compliance.

4. **implement** appropriate safety planning and crisis intervention protocols.

5. **involve** family members and caregivers in telehealth sessions.

6. **address** cognitive and sensory impairments that may impact telehealth engagement.

7. **design** hybrid care models.

8. **select appropriate** telehealth platforms and ensure HIPAA compliance.

Continuing education of 1 or 1.5 credit hours is available for those who attend the live webinar.

Matthew Fullen, PhD, LPCC

Matthew Fullen, PhD, LPCC, is an Associate Professor at Virginia Tech. His research, teaching, and advocacy focus on the mental health needs of older adults, with an emphasis on improving Medicare mental health policy and developing programs to enhance resilience and wellness and prevent suicide among older adults. Dr. Fullen has collaborated on over $6 million in research grant funding to develop programs that support older adults' mental health. In recognition of his research and professional leadership related to Medicare advocacy, he has received the Virginia Tech Land Grant Scholar Award, as well as three national awards from the American Counseling Association.

Michael Jones, PhD, NCC, BC-TMH, LPC-S

Michael Jones, PhD, NCC, BC-TMH, LPC-S, is a tenured Professor of Counseling. He has been a Board Certified-Telemental Health Provider (BC-TMH) since 2014 and developed the CCE-approved training curriculum for the BC-TMH credential. Dr. Jones has provided telemental health services for nearly two decades and has trained thousands of Counselors to deliver ethical and effective virtual care. His work focuses on rural and underserved populations, crisis intervention in virtual settings, and the ethical integration of technology in counseling practice. He is a recognized expert internationally and nationally on telehealth ethics and best practices.

Older Adults and Telehealth

Does telebehavioral health work for older adults when used?

How do older adults feel about using telehealth/telebehavioral health?

What are the barriers to effectively using telebehavioral health with older adults?

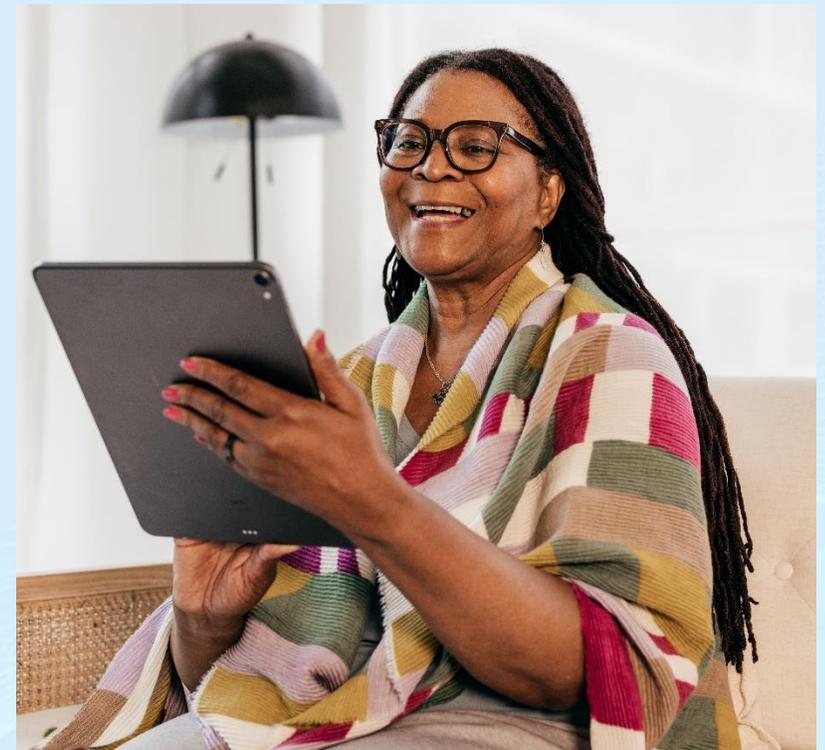**How can the telebehavioral health experience be enhanced for older adults?**

What are some strategies for expanding its usage and availability to more older adults?
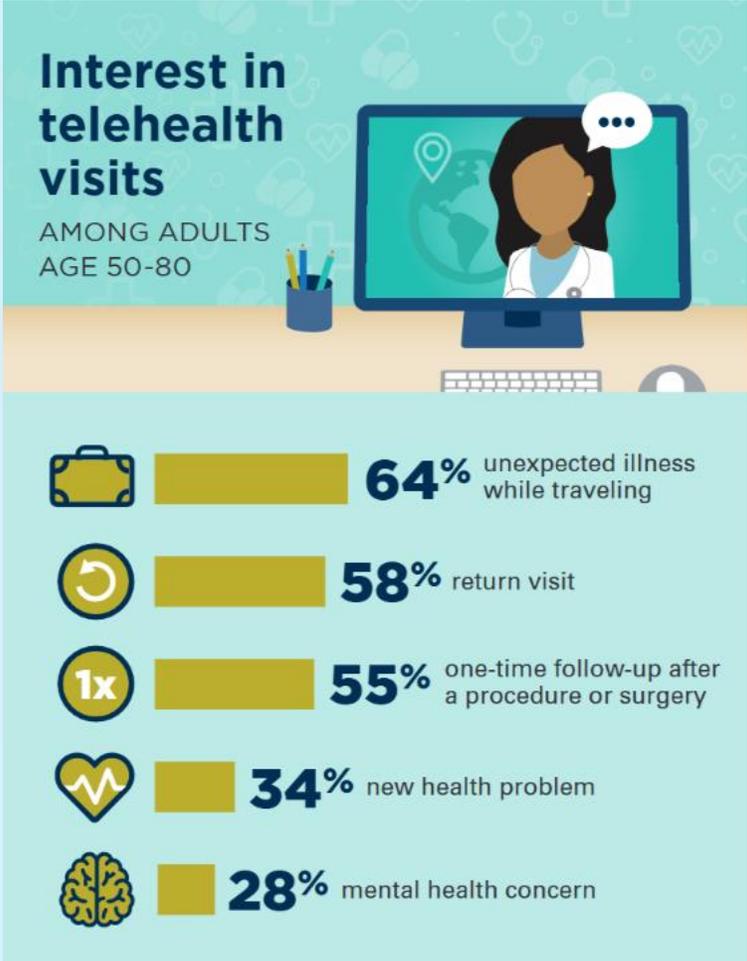
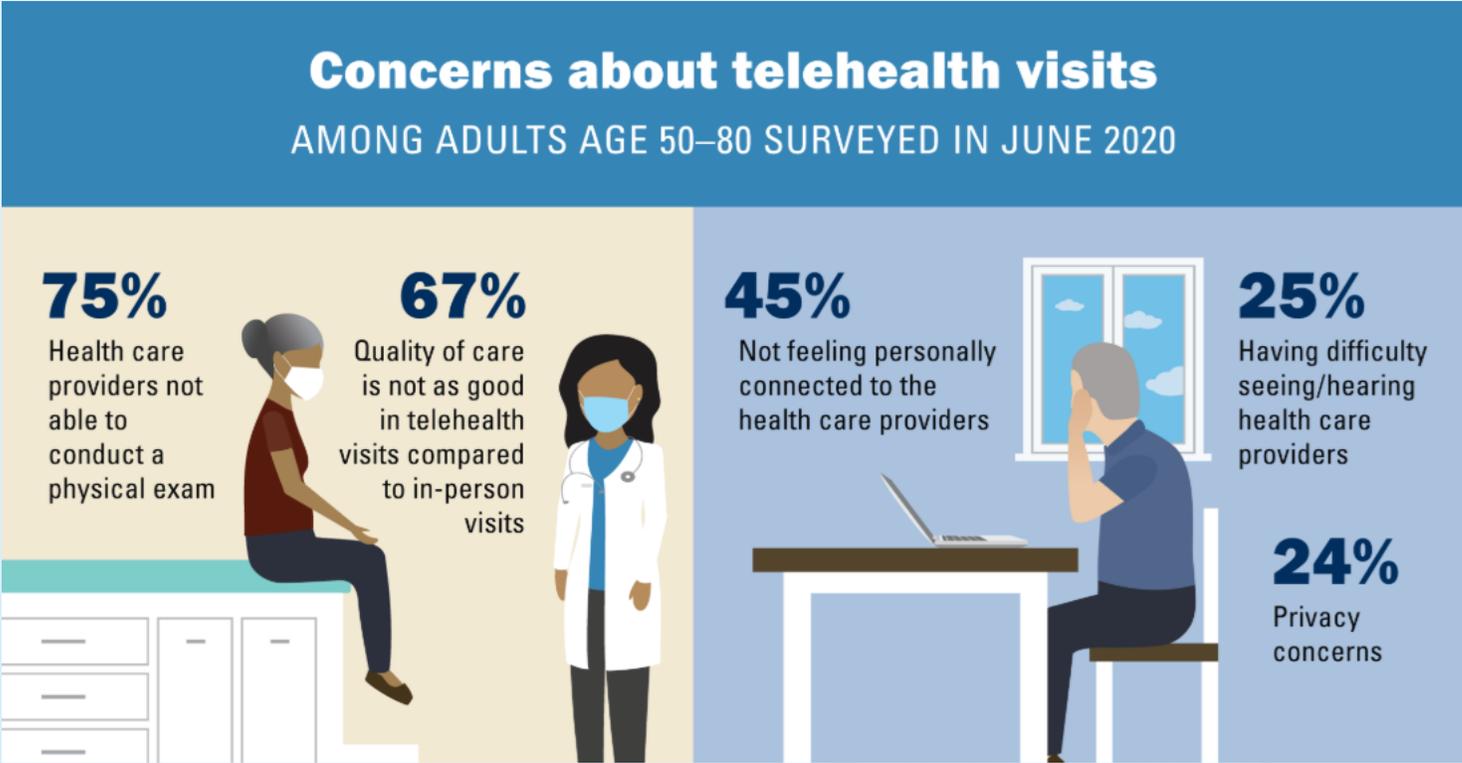# Increasing Accessibility Through Telehealth (HHS, 2025)

Telehealth:

- allows people to address health care needs, including mental health, without leaving their homes.

- increases the choice of providers available to clients.

- may be especially impactful in expanding accessibility in rural areas.
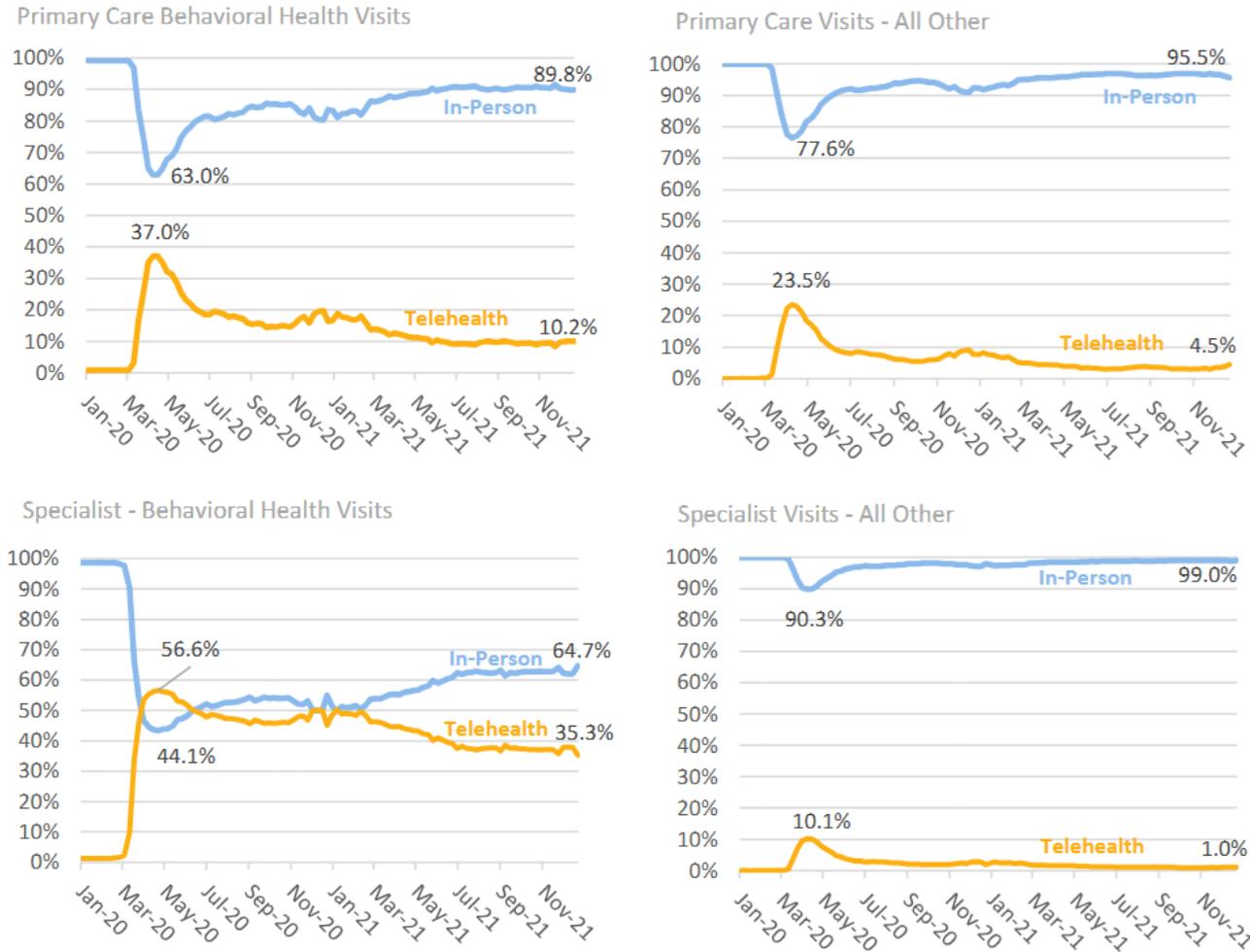
Increasing Accessibility Through Telehealth

Interest in telehealth visits — AMONG ADULTS AGE 50-80

- 64% unexpected illness while traveling
- 58% return visit
- 55% one-time follow-up after a procedure or surgery
- 34% new health problem
- 28% mental health concern

2019

Concerns about telehealth visits

AMONG ADULTS AGE 50–80 SURVEYED IN JUNE 2020

- **75%** Health care providers not able to conduct a physical exam
- **67%** Quality of care is not as good in telehealth visits compared to in-person visits
- **45%** Not feeling personally connected to the health care providers
- **25%** Having difficulty seeing/hearing health care providers
- **24%** Privacy concerns

2020

AARP survey found 32% of adults 50+ extremely/very likely to use telehealth in the future

2022

Increasing Accessibility Through Telehealth (HHS, 2024)

Figure 3. Telehealth Use by Visit Specialty (Provider Specialty and Reason for Visit), 2020-2021

Source: ASPE analysis of Medicare FFS claims 2019-2021

Medicare beneficiaries receiving behavioral health services with telehealth make up 35% of visits to behavioral health specialists (ASPE, 2022).

Increasing Accessibility Through Telehealth (HHS, 2026)

Medicare Telehealth Policies, Behavioral Health

FQHCs and RHCs can permanently serve as a Medicare distant site provider for behavioral/mental telehealth services.	**Medicare patients** can permanently receive telehealth services for behavioral/ mental health care in their home.	**Providers must be located in the state** in which they're licensed.	There are **no geographic restrictions** for originating site for Medicare behavioral/mental telehealth services on a permanent basis.	**Behavioral/mental telehealth services in Medicare** can permanently be delivered using audio-only communication platforms.	**Marriage and Family Therapists and Mental Health Counselors** can permanently serve as Medicare distant site providers.

An in-person visit within 6 months of an initial Medicare behavioral/mental telehealth service, and annually thereafter, is not required through January 30, 2026. For FQHCs and RHCs, the in-person visit requirement for mental health services furnished via communication technology to beneficiaries in their homes is not required through January 30, 2026.
*Recent update: Congress has approved an extension of telehealth flexibilities.

Aspirational Values for Telehealth With Older Adults (Wardlow et al., 2022)

Telehealth with older adults should:

be **person-centered**; older adults are not monolithic.

be used to meet patient/client **goals**.

support coordination and continuity of care.

include **preparing** older adults and others about what to expect.

increase **access** to care while reducing hardships for clients.

reduce time to access providers across health care settings.

incorporate family members/caregivers when appropriate and consistent with client wishes.

Aspirational Values for Telehealth With Older Adults (Wardlow et al., 2022)

Telehealth with older adults should:

be equitable and accessible, accounting for physical and cognitive differences that may be present.

account for **cultural and linguistic differences** of older adults and their caregivers.

consider **technology literacy** and readiness of clients.

be accessible across a wide range of client settings (e.g., client's home, congregate housing, long-term care facility).

include staff and providers who remain educated about best practices for telehealth with older adults.

Increasing Accessibility through Telehealth (APA, 2020)

There is a common misconception that older adults are uninterested in or incapable of using technology platforms.

In reality, most older adults (7 in 10) have and utilize a computer, smartphone, or tablet with internet access at home.

However, fewer older adults are comfortable with usage for telehealth (11%).

Therefore, it is important to consider strategies to improve accessibility so older adults have the same offerings as other age groups.

Barriers to Equitable Use of Telehealth Among Older Adults (Leff et al., 2025)

physical and cognitive challenges associated with aging	low health literacy	technology-related challenges associated with lack of access
low technology literacy	discomfort with new technologies	**implicit ageist biases** These barriers may prevent health care providers from offering older adults telehealth services.

Barriers to Equitable Use of Telehealth Among Older Adults (Leff et al., 2025)

Technology barriers:

- device-specific complaints such as difficulty learning to use devices, costs of devices, lack of instruction and technical support, and technology anxiety and technophobia
- technology and broadband access

Sensory impairments:

- older adults with visual impairments less likely to have or know how to use a cell phone, a tablet, or a computer

Barriers to Equitable Use of Telehealth Among Older Adults (Leff et al., 2025)

Biases:

ageism, ableism, and the infantilization of many older adults

implicit biases = associations made outside of conscious awareness, leading to a negative evaluation of a person

Research shows that health care providers are affected by implicit biases, and these biases can negatively impact diagnoses and treatment decisions.

Barriers to Equitable Use of Telehealth Among Older Adults (Leff et al., 2025)

Biases (continued):

- Bias that all older adults "can't use technology," "can't hear," or "can't see" creates a self-fulfilling prophecy

- Important to be aware of these biases and tailor care directly to individual patients rather than making generalizations

Adjusting Provider Perspectives
(Leff et al., 2025)

- **Recognizing and owning biases** about who is appropriate for telehealth

- How do we work to **make telehealth accessible** to people regardless of age/ability?

- Examples from long-term care, community health workers

Adjusting Practices to Enhance User Experience (APA, 2020)

Being aware of sensory and motor changes

Take note of age-related changes in vision, hearing, touch, perception, mobility, and balance. Many of these declines begin at age 40.

For older adults, there may be difficulties with light perception, sensitivity to glare, reduced acuity, and impaired focus on nearby objects.

Discriminating between background noises becomes more difficult as we age, and low-level sounds are muffled. For some, there is an increased risk of developing tinnitus, which can make certain sounds difficult to discern.

Adjusting Practices to Enhance User Experience (APA, 2020)

Cognitive changes	Age-based cognitive changes include slower speed of processing, difficulty in multitasking, and small declines in episodic memory.
	These should not have a major impact on the telehealth experience.
	Those with mild cognitive impairment can also learn new skills, especially when employing compensatory strategies like notes or reminders. These strategies could be applied to needs like starting their computer/tablet or launching the telehealth application.
	Older adults with dementia may also be able to use telehealth in some cases, with some assistance required to set things up or start the session.

Adjusting Practices to Enhance User Experience (APA, 2020)

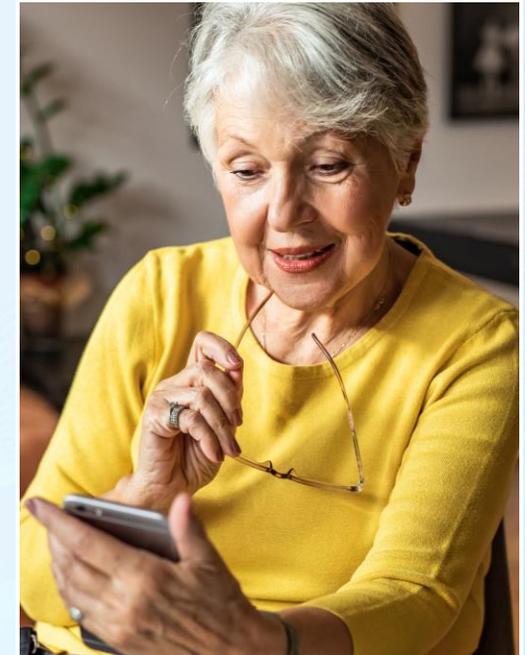## Strategies for providing technology support

- **Don't assume** older adults are uninterested in telehealth.

- Talk about the **pros and cons** of telehealth, just as you would with other clients.

- **Try to understand** older adult clients' current level of comfort with telehealth process.

- **Provide a clear explanation** of what to expect and let them know that most people experience a few "bumps" adjusting to new technology, but you've been able to successfully work with people with this modality.

- **Be prepared** to provide additional instruction and tech support early in the process.

- **Consider calling older adult clients on the telephone** to verbally review instructions, test the platform, and ensure sufficient comfort level with the process.

- These tips also apply for clients who may **use a hybrid approach** (some sessions in-person and some using telehealth).

Adjusting Practices to Enhance User Experience
(APA, 2020)

Strategies for providing technology support

- **Prior to the appointment**, provide written instructions for using telehealth (can be helpful for all patients, regardless of age).

- **Instructions should have** concise language, larger font size, and screenshots of each step of the process.

- Older adults using telehealth technology will benefit from **visual presentation modifications** (e.g., raise display/screen illumination, use matte surfaces instead of glossy surfaces).

- **Auditory enhancements** may also help the user experience (e.g., adjust volume settings, offer closed captioning options with enhanced text size, consider the use of headphone sets).

- You can provide these suggestions in the initial written information or discuss during the setting up session.

Adjusting Practices to Enhance User Experience (APA, 2020)


Strategies for providing technology support

- **Video platform backgrounds:** Neutral background allows older adult clients better ability focus on you.

- **Minimize background noise** that may interfere with client hearing you.

- To **reduce pain and/or stiffness**, discuss whether movement accommodations would be helpful (e.g., time for stretching, reminders to use comfortable chairs/seating).

- **Provide end-of-session summary** that reinforces goals and client homework (e.g., readings, exercises) that should be completed between sessions.

Adjusting Practices to Enhance User Experience (APA, 2020)

Strategies for establishing rapport

- **Acknowledge** that telehealth appointments can feel strange.

- **Provide** reassurance that comfort levels typically increase over time.

- **Try to maintain** eye contact by looking directly at the camera when possible.

- **Incorporate reflections/clarifications to increase communication**, especially regarding older adult's emotional expression.

- Note how **body language** is experienced differently over video platforms and how this might impact communication.
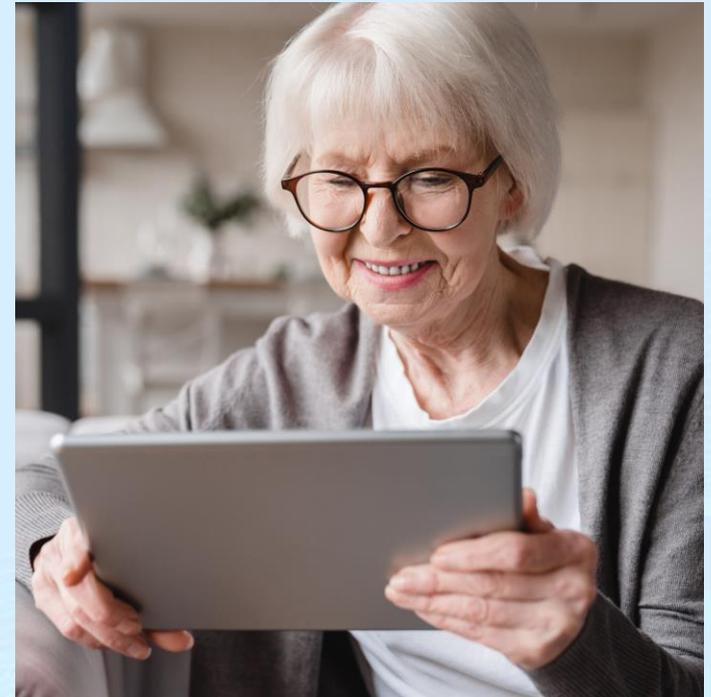
Preparing Older Adult Clients for Telehealth (NIA, 2020)

Tips from the NIA for older adult clients preparing for telehealth:

Add online appointments to your calendar. Once your appointment is confirmed, add it to your calendar so you don't forget.

Try to use the best camera you can find. This may be attached to your phone, laptop, tablet, or desktop computer. A clear picture can help your health care provider understand and address your concerns more easily and effectively.

Test the camera in advance. Practice in advance with a family member or a friend to make sure you understand how to use your camera when you have your online visit with your doctor.

Preparing Older Adult Clients for Telehealth (NIA, 2020)

Tips from the NIA for older adult clients preparing for telehealth (continued):

Test the sound and video on your device. Most devices have built-in microphones and speakers, but you may have to turn them on or enable the telehealth software or website to access them. Video calling a friend before your appointment can help ensure that everything is working properly. Using headphones or earbuds may make it easier for you to hear your doctor and for your doctor to hear you, but it's good to test these out first to see what works best.

Use the best internet connection possible. If you are not using Wi-Fi, try getting the best signal by using a wired connection to your router or an Ethernet cable. If you are using Wi-Fi, being physically close to the internet router and minimizing devices connected to it can help improve your connection.

Charge your device. If you are using a wireless device, like a phone, laptop, or tablet, check to make sure your battery is charged enough to last through your appointment. Try charging it the night before your appointment.

Preparing Older Adult Clients for Telehealth (NIA, 2020)

Tips from the NIA for older adult clients preparing for telehealth (continued):

Find a quiet space and adjust lighting. Limit distractions and clutter in your space. Try finding a place with good lighting so your doctor can see you properly.

Position yourself. Place your device on a sturdy surface so you can move around if you need to. Try positioning your device so your head and shoulders are in the camera frame.

Prepare a list of questions/concerns. Being prepared for your appointment will help make it easier for you and your health care provider to cover everything you need to talk about.

Building Age-Friendly Practice Contexts

Making your practice older adult friendly

1. Use relatable language (Baum, 2023)

- Avoid jargon and trendy language that may be geared toward younger demographics.

- Older clients want to know how your product or service will improve their quality of life.

- Use clear, concise language when describing how to engage in telehealth.

Building Age-Friendly Practice Contexts

2. Don't assume other people make their decisions ([Baum, 2023](#))

- Older adults are not helpless people who can't make their own decisions. They are often healthy adults who like to make their own choices.

- Don't assume you need to speak to their children or a caregiver to discuss your services.

- Don't assume they need support to use telehealth. Instead, probe their comfort level with telehealth technology and offer to collaboratively problem-solve any reservations.

Building Age-Friendly Practice Contexts

3. Understand older adults' criteria may differ from younger clients (Baum, 2023)

- When promoting your practice, describe what counseling will do *for* them. The same goes for using telehealth.

- How will counseling meet a need they have?
  How will using telehealth specifically do the same?

Building Age-Friendly Practice Contexts

4. Make things easy for them (Baum, 2023)

- Older adults didn't grow up with an iPhone or social media, so consider how to make your website and/or telehealth instructions as simple and straightforward as possible.

- If part of your practice requires patients to click on symbols or read a lot of fine print, you may miss out on some older adult clients.

- Everyone can benefit from an easy, jargon-free description of how to navigate your services, including telehealth.

Building Age-Friendly Practice Contexts

The use of "third spaces" (Kho & DeDiego, 2024)

libraries, community centers, senior centers

known, trusted locations

Typically offer more transportation options

potential to partner to make staff support available

Building Age-Friendly Practice Contexts

Telehealth Essentials (HHS, 2024)

Have	Have an emergency plan. You need to have a plan in case of a potential crisis when using telehealth for behavioral health care.
Confirm	Confirm patient location and contact information at the start of every visit.
Establish	Establish plan with the patient if disconnected or an emergency occurs or is suspected.
Make	Make sure you have contact information for support person(s) and other providers who are seeing the patient.
Address	Address client concerns about privacy and security risks.
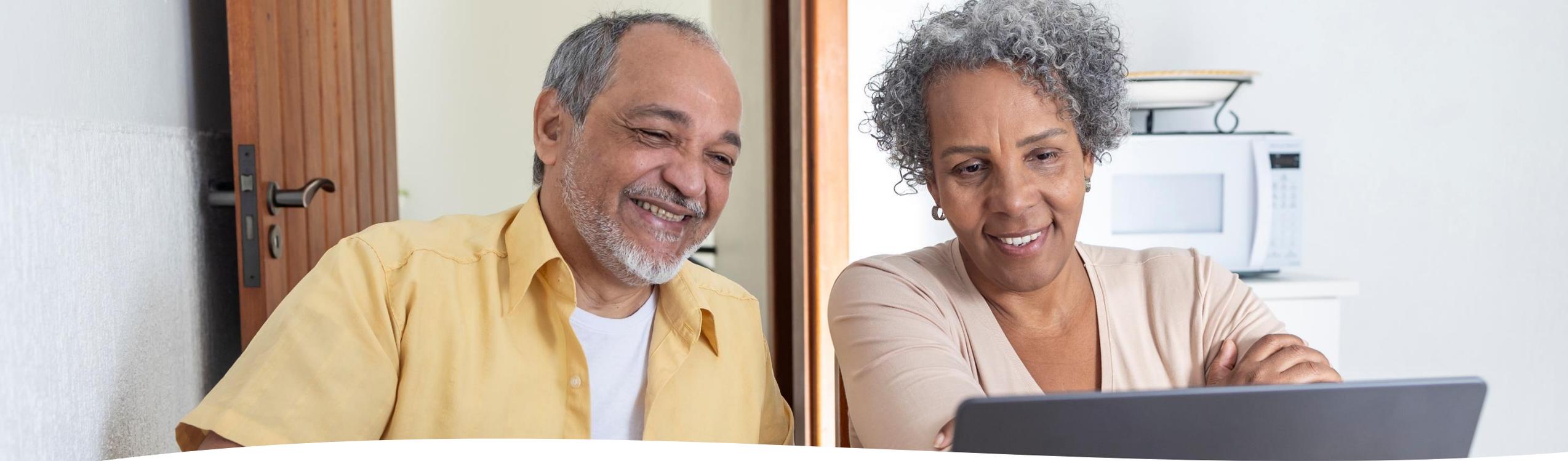
Telehealth Essentials ([HHS, 2024](#))

Find additional telehealth resources from HHS [here](#), with a focus on:

- individual telehealth
- group telehealth
- telehealth treatment for substance use disorder
- telehealth to integrate behavioral health and primary care

Practical Implementation Strategies for Telehealth With Older Adults

From Readiness Assessment to Crisis Management

Michael Jones, PhD, NCC, LPC-S, BC-TMH, Tenured Professor of Counseling
Board Certified in Telemental Health since 2014
Developer, CCE-Approved BC-TMH Training Curriculum

What We'll Cover Today

This comprehensive session will equip you with practical, evidence-based strategies for implementing telehealth services with older adults. We'll explore the full continuum of care, from initial assessment through ongoing clinical management.

01

Assessing Client Readiness

Learn multifactorial screening approaches to determine telehealth appropriateness for older adults.

02

Clinical Technique Adaptation

Modify therapeutic interventions and assessment tools for effective video delivery.

03

Safety Planning and Crisis Management

Implement robust protocols for emergency situations in remote settings.

04

Family Involvement

Navigate caregiver roles while protecting client autonomy and confidentiality.

05

Sensory and Cognitive Adaptations

Accommodate visual, hearing, and mild cognitive impairments in telehealth delivery.
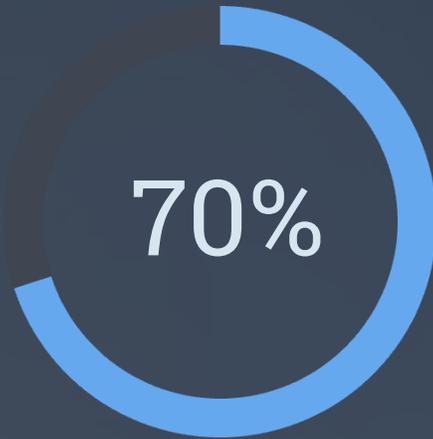
06

Hybrid Care Models

Design intentional combinations of telehealth and in-person services.
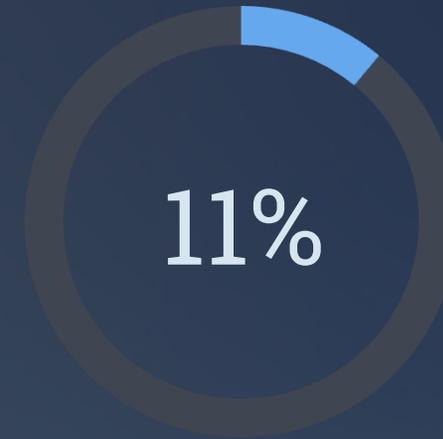
07

Technology and Compliance

Select appropriate platforms and maintain HIPAA compliance in home-based care.

The Readiness Paradox in Older Adults

70%

Device Access

Have internet-enabled devices

11%

Telehealth Comfort

Report confidence using devices for telehealth

Essential Readiness Screening Questions

1
Technology Access
Do you have access to a smartphone, tablet, or computer with a camera? Do you have reliable internet service at home?

2
Experience Level
How often do you use video calls with family or friends? What's your comfort level with technology?

3
Support Network
Is there someone available who can help you with technology setup or troubleshooting if needed?

4
Environment
Where would you participate in telehealth sessions? Do you have a private, quiet space available?

Important Context: Readiness varies significantly by age, education level, socioeconomic status, race/ethnicity, and prior technology use patterns. Avoid assumptions and assess individually. *Sources: APA, 2020; Odebunmi et al., 2024; Falvey et al., 2024*

Telehealth, Hybrid, or In-Person Care?

Selecting the appropriate care modality requires careful consideration of multiple factors including technology access, clinical presentation, cognitive status, and client preference. Use this framework to guide individualized treatment planning decisions.

Telehealth-Appropriate

- Comfortable with technology or demonstrates willingness to learn
- Stable clinical presentation
- Access to private space with reliable internet
- Adequate cognitive functioning or available caregiver support
- Appropriate for maintenance therapy

Hybrid Care Recommended

- New to telehealth services
- Complex or fluctuating presentations
- Limited technology comfort but motivated to try
- Benefit from periodic in-person assessment
- Transportation barriers for weekly visits

In-Person Preferred

- Severe sensory impairments (vision/hearing)
- Significant cognitive impairment without adequate support
- No technology access or internet connectivity
- Strong client preference for face-to-face care
- Complex initial assessments

Telehealth, Hybrid, or In-Person Care?

Pre-Session Preparation Best Practices

→ **Technology Check Call:**
Offer a brief, no-pressure call to test the platform and troubleshoot connectivity before the first clinical session

→ **Written Instructions:**
Provide step-by-step instructions with screenshots showing exactly how to join sessions

→ **Environment Confirmation:**
Discuss privacy, lighting, and space setup to ensure optimal session conditions

Sources: Serina et al., 2023; Chen et al., 2022

Adapting Clinical Techniques for Video

Video therapy offers unique observational opportunities for facial expressions and immediate environmental context, yet presents challenges in assessing full body language, subtle physical cues, and spatial behavior. Adapting to these differences is crucial for maintaining therapeutic effectiveness.

Essential Session Adjustments

Slower Therapeutic Pace

Allow extra processing time. Audio delays and reduced nonverbal feedback require more patience and explicit checking in.

Information Chunking

Break complex information into smaller segments with frequent summaries to combat video fatigue and improve retention.

Consider 45-Minute Sessions

Shorter sessions may improve engagement and reduce mental fatigue from screen time, particularly for older adults.

Camera Technique Matters

Look at the camera to simulate eye contact. Nod and gesture visibly to convey active listening on screen.

Sources: APA, 2020; Lopez et al., 2019

Assessment and Intervention Adaptations
Standardized Assessments via Video

Evidence-Based Interventions for Telehealth

Works Well via Video

- Cognitive Behavioral Therapy (CBT)
- Behavioral activation
- Psychoeducation
- Supportive counseling
- Reminiscence therapy
- Motivational interviewing

May Need Adaptation

- Exposure therapy (requires careful planning)
- EMDR (specialized equipment/training)
- Group therapy (platform limitations)
- Play therapy techniques
- Some mindfulness exercises

Sources: Longuespée, 2022; Carlo et al., 2021

Foundation of Telehealth Safety Planning

Session-Start Safety Checklist

Verify at Every Session:

1. Current physical address (confirm even if "same as last time")

2. Current phone number (cell phone must be accessible)

3. Emergency contact confirmation (is this person still appropriate?)

4. Who else is present in the home or nearby

5. Any immediate safety concerns or changes since last session

This takes less than 2 minutes but provides critical information if emergency response becomes necessary.

Sources: Luxton et al., 2012; Sharma et al., 2021

When Crisis Happens on Video
Remote Emergency Response

Despite thorough screening and safety planning, crisis situations can emerge during telehealth sessions. Having a clear, practiced protocol ensures effective response while maintaining the therapeutic relationship.
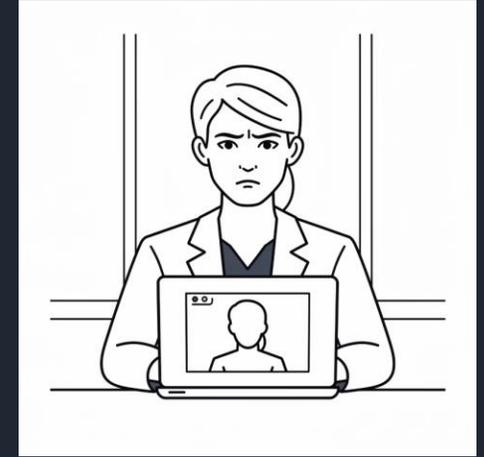
Stay Calm, Stay Connected
Maintain your therapeutic presence and keep the video connection active. Your calm demeanor helps regulate the client's emotional state.

Verify Exact Location
Confirm the precise physical address and any apartment/unit numbers. Ask what the client can see from windows if address confirmation is uncertain.

Assess Immediate Safety
Determine immediate danger level. Are weapons accessible? Are others present? Is medical intervention needed right now?

Contact Emergency Services
Use a separate phone or device to contact 911 while maintaining video connection. Provide dispatcher with confirmed address and relevant clinical information.

Document Thoroughly
Immediately after crisis resolution, document all actions taken, times, contacts made, and outcomes. This protects both client and clinician.

Navigating Family and Caregiver Involvement

Family and caregiver participation in telehealth sessions with older adults requires careful consideration of boundaries, roles, and autonomy. The convenience of home-based care creates both opportunities and challenges for maintaining appropriate therapeutic boundaries.

Understanding Different Caregiver Roles

Technical Support

Helping with device setup, logging in to platforms, managing technology troubleshooting, and ensuring connectivity

Clinical Participation

Providing collateral information, participating in treatment planning, helping implement interventions between sessions

Emotional Support

Offering encouragement, providing logistical assistance like scheduling, helping with homework assignments

Navigating Family and Caregiver Involvement

When to Involve Caregivers

Client Has Cognitive Impairment

Memory, comprehension, or executive function challenges that affect independent session participation

Client Explicitly Requests It

Older adult wants family involved and has capacity to make this decision

Technology Barriers Exist

Client cannot independently manage the technical aspects but is motivated for treatment

Safety Planning Requires It

Caregiver needs information to support safety protocols or crisis response

Exercise Caution When

Potential for Coercion

Financial dependence, history of control, or pressure to participate in treatment

History of Family Conflict

Strained relationships or disagreements about treatment approach

Client Declines Involvement

Older adult has capacity and does not want family present

Inhibited Disclosure

Caregiver presence prevents client from discussing sensitive topics openly

Protecting Client Autonomy

Best Practice Protocol: Early in treatment, create an opportunity to speak with the older adult client privately—even briefly—to assess their genuine preferences about caregiver involvement. Ask directly: "Would you like time in our sessions when it's just you and me, or are you comfortable with [caregiver] present the whole time?" Revisit this question periodically as the therapeutic relationship develops and needs change.

Sources: Gately et al., 2022; Wardlow et al., 2022; Zhu et al., 2024

Key Takeaways: Building Effective Telehealth Practices

Implementing telehealth for older adults requires intentional adaptation of clinical skills, thoughtful use of technology, and commitment to maintaining therapeutic effectiveness across modalities. These seven principles form the foundation of successful telehealth practice with older adults.

1. Assess Readiness—Don't Assume

Technology access doesn't equal technology comfort. Screen thoroughly for both device access and actual comfort using those devices for health care purposes.

2. Adapt Clinical Style for Video

Slow your pace, chunk information, make nonverbal communication more explicit, and consider shorter sessions to account for screen fatigue.

3. Prepare for Crisis Before It Happens

Know local emergency resources, verify location at every session, and have a clear protocol practiced and ready to implement.

4. Clarify Caregiver Roles

Distinguish between technical support, clinical participation, and emotional support. Protect client autonomy by creating opportunities for private conversation.

5. Accommodate Individual Differences

Proactively adapt for sensory and cognitive variations. Use captions, good lighting, shorter sessions, and consistent routines as needed.

6. Design Hybrid Care Intentionally

Strategically combine telehealth and in-person based on clinical need, not just convenience. Plan transitions with continuity across formats.

7. Prioritize Security AND Usability

Choose platforms that meet HIPAA requirements while remaining accessible to older adults. Both compliance and user experience matter.

Key Takeaways: Building Effective Telehealth Practices

Additional Resources & Contact Information

Professional Resources

- **HHS Telehealth Resources:** telehealth.hhs.gov

- **NBCC Board Certification in Telemental Health:** nbcc.org

- **APA Telepsychology Guidelines:** apa.org

- **CMS Medicare Telehealth Information:** cms.gov

Presenter Contact

Michael Jones, PhD, NCC, LPC-S, BC-TMH
Tenured Professor of Counseling
Board Certified in Telemental Health

Questions and Answers

Resources

Critical Resources on Medicare Part B Coverage of Counselors and MFTs

Legislation Mandating Medicare Part B Coverage of Counselors and Marriage and Family Therapists

https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf

How to Enroll in the Medicare Program

- **Medicare Enrollment for Providers and Suppliers**

  https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos

- **New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) FAQs (36 questions answered) Published Sept 2023**

  https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf

- **The Medicare Learning Network:**

  https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlngeninfo

- **Web-Based Training:**

  https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/webbasedtraining

- **Becoming a Medicare Provider (World of Medicare):**

  https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN9329634-WOM/WOM/index.html

- **Weekly Email Newsletter for Medicare Providers:**

  https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive

Critical Resources on Medicare Part B Coverage of Counselors and MFTs cont.

Role of the Centers for Medicare and Medicaid Services (CMS)

- https://www.investopedia.com/terms/u/us-centers-medicare-and-medicaid-services-cms.asp

- https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive

Medicare Mental Health Benefits for Beneficiaries

Medicare Mental Health:
https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf

Medicare Beneficiary Handbook:
https://www.medicare.gov/medicare-and-you

Critical Resources on Medicare Part B Coverage of Counselors and MFTs cont.

Medicare Administrative Contractors (MACs)

https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac

Medicare Physician Fee Schedule

https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other

Key Steps to Becoming a Medicare Provider

1. Register in the I&A System

2. Get an NPI

3. Enter information into PECOS

4. Decide if you want to be a participating provider

Form CMS-855I: Physicians and non-physician practitioners (PDF link)

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Thank you for attending!