



## **FOR IMMEDIATE RELEASE**

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### **MEDIA CONTACT:**

Angela Lee

Lee@abhw.org

703-999-5170

## **The Association for Behavioral Health and Wellness (ABHW) Shares Recommendations to CMS for the Community Engagement Requirements of the One Big Beautiful Bill Act of 2025**

**Washington, D.C.** – The Association for Behavioral Health and Wellness (ABHW) has developed an initial key list of recommendations for the Centers for Medicare & Medicaid Services (CMS) related to the community engagement requirement provision as the agency implements the One Big Beautiful Bill Act of 2025 (OBBBA). These recommendations reflect an extensive process of gathering input from our member health plans, as well as a wide range of external stakeholders, and aim to support CMS in advancing evidence-based approaches that strengthen support for individuals and communities nationwide.

OBBBA identifies certain groups who are exempt from the new Medicaid community engagement requirements. This includes individuals who are considered “medically frail,” such as those with a “Substance Use Disorder (SUD)” or a “Disabling Mental Disorder.” ABHW encourages CMS to develop a comprehensive and consistent definition of these terms to establish a clear baseline for determining eligibility for exemption from the community engagement requirements.

“We want to ensure that individuals who qualify for these exemptions are accurately identified so they don’t lose coverage,” said ABHW President and CEO Debbie Witchey. “Congress intentionally created the categories of ‘Substance Use Disorder’ and ‘Disabling Mental Disorder’ to exempt these populations from the community engagement requirements, recognizing they may not be able to comply, so it’s essential that these definitions are comprehensive and there is a range of data matching options that states can use to verify eligibility.”

At this time, ABHW recommends CMS:

- Define “Disabling Mental Disorder” to align with the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) definition of Serious Mental Illness (SMI). This definition, which is based on a clinical evaluation by a

qualified health professional, has already been adopted by CMS for the Serious Mental Illness Section 1115 Demonstration.

- Define “Substance Use Disorder” to mean any SUD diagnosis in the latest edition of the Diagnostic and Statistical Manual (DSM) or International Classification of Diseases (ICD).

In addition to these definitions, ABHW recommends regulations:

- Give states the option of allowing individuals to use screening tools to help determine if they meet the “medically frail” behavioral health definitions and let individuals enroll temporarily until a health care provider confirms their status.
- Provide clarity to ensure that sharing SUD patient data is compliant with 42 CFR Part 2.

ABHW hopes that the process is clear, does not create an additional burden, or hinder exemption determinations. We look forward to continuing to collaborate with CMS and other partners to refine these recommendations to ensure that the individuals the exemptions were designed to help do not experience coverage losses.

[Read the full letter.](#)

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#### **ABOUT THE ASSOCIATION FOR BEHAVIORAL HEALTH AND WELLNESS**

ABHW is the leading health plan association working to improve access and quality of care for mental health and substance use disorders. ABHW’s members include national and regional health plans that care for 200 million people. Together, we work to reduce stigma and advance federal policy on mental health and substance use disorder care.

ABHW member companies – Aetna, a CVS Health Company; CareFirst BlueCross BlueShield; Caredon Behavioral Health, an Elevance Health Company; Centene Corporation; Evernorth; Kaiser Permanente; Lucet; Magellan Health; Molina Healthcare; Optum; and PerformCare, a subsidiary of AmeriHealth Caritas. To learn more, visit [www.abhw.org](http://www.abhw.org) and follow us on [X](#) and [LinkedIn](#).