



# Implementing the Community Engagement Requirements of OBBBA for Behavioral Health Populations

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CMS's swift, thoughtful implementation of the One Big Beautiful Bill Act's (OBBBA) community engagement requirements is critical to protecting the behavioral health populations Congress intended to safeguard. Without clear federal direction, individuals with serious mental illness (SMI) and substance use disorders (SUDs) risk inappropriate coverage disruptions, outcomes Congress explicitly sought to avoid.

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## KEY TAKEAWAYS

- **CMS must act quickly** to issue clear, operational guidance that upholds Congress's protections for medically frail individuals.
  - **Congress explicitly exempted individuals with "SUDs" and "disabling mental disorders"** from the community engagement requirements to prevent care interruptions for those most in need.
  - **States need clinically grounded, workable definitions of "SUDs" and "disabling mental disorders"** and tools to implement these exemptions fairly and accurately.
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## BEHAVIORAL HEALTH DEFINITIONS

- **Use Clinically Grounded Behavioral Health Definitions:** CMS should adopt established federal definitions, such as the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) definition of serious mental illness, to ensure clarity and uniform implementation across states.
  - **Ensure Broad, Practical Criteria for Ex Parte Verification:** CMS should require states to use inclusive verification pathways that reflect real-world care patterns for behavioral health conditions.
  - **Recognize all SUD Diagnoses:** CMS should rely on the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) to ensure comprehensive identification of SUDs.
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## TOOLS STATES NEED FOR EFFECTIVE IMPLEMENTATION

- **Multi-Channel Verification:** Permit states to use self-attestation, third-party referrals and presumptive eligibility pending provider confirmation for verification.
  - **Validated Screening Tools:** These screening tools will reduce delays and prevent inappropriate disenrollment.
  - **Retroactive Coverage:** Apply exemptions as of the date of service with up to one month retroactive enrollment.
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## DATA AND PRIVACY

- **60-Month Look-Back:** Require states to accept claims and diagnostic information from the past 60 months, including data from community-based and public sector providers, reflecting the chronic nature of mental health and SUD conditions.
  - **42 CFR Part 2 (Part 2) Guidance:** Clarify how states can verify eligibility while protecting privacy and avoiding new burdens.
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## ADDITIONAL RECOMMENDATIONS

- **Leverage Managed Care Organizations (MCOs):** MCOs are proven partners in connecting patients to services and coordinating care.
  - **Enable Self-Attestation:** Supported by accessible, low-burden, timely IT systems that can validate attestations while maintaining program integrity.
  - **Provide Implementation Flexibility:** States need time to build infrastructure; those making good-faith progress should receive compliance flexibility through December 31, 2028.
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## CLOSING POINT

Adopting these recommendations will ensure OBBBA strengthens communities, protects individuals with behavioral health disorders, and advances evidence-based, person-centered Medicaid policy.

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