

# AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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December 2, 2024

The Honorable Daniel Tsai

Deputy Administrator and Director, Center for Medicaid and CHIP  
Services

Centers for Medicare & Medicaid Services

7500 Security Boulevard

Baltimore, MD 21244

Re: Request for Comments on Templates for Documenting  
Compliance with Mental Health Parity and Addiction Equity Act  
Requirements in Medicaid and CHIP

Dear Deputy Administrator Tsai:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) proposed templates for documenting Mental Health Parity and Addiction Equity Act (MHPAEA) requirements in Medicaid and Children's Health Insurance Plans (CHIP). AACAP is the professional home to more than 11,000 child and adolescent psychiatrists, child and adolescent psychiatry fellows, psychiatry residents, and medical students. Our mission includes promoting the healthy development of children, adolescents, and families, and we therefore have a strong interest in ensuring that mental health and substance use disorders (MH/SUD) have treatment parity with medical/surgical disorders for the nation's children and young adults. We are grateful to CMS for its efforts to improve MHPAEA compliance and increase access to MH/SUD care in Medicaid and CHIP.

AACAP would like to see a continued focus on ensuring that children, adolescents, and young adults can access mental health and substance use disorder care in an equitable way. Adequate numbers of providers should be available across all pediatric mental health subpopulations, including providers specializing in specific age ranges) including infant/toddler, preschool age, elementary age,

middle school age, high school age, and young adults) and specializing in the range of diagnostic and treatment areas, including maternal mental health. Network adequacy is essential to ensure that mental health coverage for children and youth translates into increased access to care. CMS and states must collect thorough information on parity compliance for children and young adults enrolled in Medicaid and CHIP to fully realize the intent of MHPAEA. As written, the templates and guidance lack clarity about meeting parity requirements and reporting for pediatric-specific populations.

AACAP also suggests that CMS modify the comparative analysis approach for non-qualitative treatment limitations (NQTs) to what is already in place in MHPAEA for private insurers and group health plans. Taking this step would simplify and align data collection, analysis, and reporting requirements, easing the administrative burden on regulators and insurance plans. In addition, when third party administrators are used, there is increased potential for parity violations due to the complexity in comparative analyses between two different entities. Aligning data collection, analysis, and aligning reporting requirements across all entities would help eliminate this problem.

Moreover, we strongly recommend that the current proposed templates are expanded beyond the limited number of NQTs they currently focus on. The current templates only require managed care plans and States to evaluate and report on five NQTs: prior authorization, concurrent review, step therapy/fail first, standards for provider network admission, and standards for access to out-of-network providers. We urge CMS to require analysis on all NQTs including restrictions on applicable billing codes and service limitations. While all states may choose to analyze additional NQTs, we strongly suggest that those NQTs be spelled out and be required reporting for all States and plans. Requirements for comparative analysis should be granular enough to expose disparities in access to care for children and youth.

AACAP commends CMS for its ongoing emphasis on advancing health equity and its *Framework for Health Equity 2022-2032*<sup>i</sup> which includes expanding data collection, analyzing the root causes of disparities, advancing language access, health literacy, and increasing accessibility. Requiring separate analysis by sub-populations would help ensure all Medicaid and CHIP enrollees have equitable access to MH/SUD care. CMS should consider revising the templates to include specific requirements for plans to evaluate access to MH/SUD care stratified by sub-populations including racial/ethnic minorities, gender identity and sexual orientation, language, sex, and disability. This would allow CMS to assess the causes of disparities in access to MH/SUD care more meaningfully for these sub-populations and address longstanding inequities.

To promote greater transparency, AACAP recommends that CMS post completed templates and summaries on State websites and the CMS website so that States and advocates can benefit from seeing other State Plan Amendments and correspondence with CMS to replicate and adapt to their own States.

Thank you again for your focus on improving MPHAEA across all federal healthcare programs and patient populations, and for the opportunity to share our comments. Please do not hesitate to contact Karen Ferguson at [kferguson@aacap.org](mailto:kferguson@aacap.org), with questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "T. D. Benton, MD".

Tami D. Benton, MD  
President

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<sup>1</sup> [CMS Framework for Health Equity 2022–2032](#)