

# Pairing Telepsychiatry with Teletherapy

Improving access to quality care through  
collaborative clinical models





# CMS Fee Schedule Changes Improve Access to Care

If anything is true about the mental and behavioral healthcare landscape it is that it's consistently in some state of flux. Demand for care, in recent years, has increased. Stigma has decreased over time. Needs evolve as it relates to specific conditions, traumas and patient populations.

## And regulatory requirements shift.

The most recent change came in late 2023<sup>1</sup>, when the Centers for Medicare and Medicaid Services (CMS) initiated adjustments to its provider reimbursement structure aimed at increasing the volume of professionals available to treat — and be paid for that treatment — through the CMS system.

The fee schedule update, effective in the 2024 calendar year, has been described by CMS as **“some of the most significant changes to promote access to behavioral health in the history of the Medicare program.”**

In qualifying the fee schedule change, CMS said the current environment for mental health and behavioral healthcare required an **“all-hands-on-deck”** approach to meet the ever more complex and more common needs of patients in the U.S.

Research<sup>2</sup>, conducted by Mental Health America, found that the majority of Americans navigating a substance use disorder are not receiving treatment. It also found that as of 2020, **more than 50 million Americans are living with a mental illness and more than half of those individuals do not receive treatment.**

While fee schedule changes won't help Americans get to treatment, they will help make treatment more readily available for those who seek it out. **By introducing new types of providers to organizations that may be experiencing capacity issues, the path to treatment and wellness becomes easier.**



# Expanding Eligibility for a System that Needs Additional Providers

The availability of mental health and behavioral health providers has long been a challenge, and it's one that has been exacerbated as demand for care has increased and stigma has declined. One statistic<sup>3</sup> in particular, reported by Mental Health America, paints a stark picture of what patients are facing when searching for mental health or behavioral health care.

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**There are an estimated 350 patients for every single mental health provider in the U.S.**

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To add context to that statistic, many of the available providers may not be currently practicing or taking patients, may not specialize in an area of care a patient needs, and may not be located in a geographically-convenient area for the patient. Telehealth changes that narrative.

And, when coupled with the recent CMS reimbursement changes, organizations offering care — be they community clinics, CCBHCs, CMHCs, FQHCs or some other type of clinic — are now able to improve access to care by introducing licensed professional counselors (LPCs) or mental health counselors (MHCs) to their clinical teams.

The benefits to patients, to providers and to the organizations offering care to the community are invaluable.



**More than 400,000** Marriage and Family Therapists and Mental Health Counselors are now able to independently treat people with Medicare and be paid directly<sup>4</sup>.

Source: CMS

# Coupling Telepsychiatry with Teletherapy



Now that LPCs and MHCs are able to be paid through the CMS system, opportunities for collaborative care exist in new ways. Previously, reimbursable providers included psychiatrists, licensed clinical social workers and psychiatric nurse practitioners — among other provider types.

Introducing LPCs and MHCs into the mix, both of which are able to provide remote care via telehealth, creates an expanded roster of providers who are eligible to treat patients as part of clinical teams.

Tanya Wozniak, a psychiatrist with innovaTel who treats patients and serves as a Medical Director at two rural CCBHCs in Minnesota, welcomes the CMS changes. She has already seen the benefits of collaborative care throughout her career, as she regularly consults with clinical team members on the state of care for individual patients.

**“They see things I don’t and vice versa,” Wozniak said of her clinical partners, who may see patients more frequently than she does. “Sometimes it’s just a matter of ‘this is happening and what resources are out there’ and just kind of having everybody on a think tank where everyone can come together for a team.”**

And more eligible providers means increased opportunities for collaboration, ensuring that traditionally time-starved providers experience a more balanced capacity in an era of considerable demand, which can only improve professional satisfaction and reduce burnout.

As for patients in need, their options for care expand, as most models encourage engagement in cognitive behavioral therapy in addition to psychiatry. With expanded access to care through new provider types, outcomes have the opportunity to improve.







1. <https://www.cms.gov/blog/important-new-changes-improve-access-behavioral-health-medicare-0>
2. <https://mhanational.org/issues/state-mental-health-america>
3. <https://mhanational.org/issues/state-mental-health-america>
4. <https://www.cms.gov/blog/important-new-changes-improve-access-behavioral-health-medicare-0>



innovaTel is a national telepsychiatry provider that partners directly with community-based organizations to improve access and speed to quality behavioral health services. For the last decade, innovaTel has been providing telebehavioral health services with a remote clinical team made up of psychiatrists, psychiatric nurse practitioners and licensed clinical social workers with a fundamental mission of increasing access and speed to quality care. For more information, visit [www.innovatel.com](http://www.innovatel.com).

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