



Lutheran
Services
in America

September 27, 2019

The Honorable Seema Verma
Centers for Medicare and Medicaid Services (CMS)
U.S. Department of Health and Human Services
Room 445-G,
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma:

As President and CEO of Lutheran Services in America, I write to offer comments on the rule proposed by the Centers for Medicare and Medicaid Services “File Code CMS-1715-P; CY 2020 Revisions to Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies.” We urge you not to implement this rule which will have detrimental effects on clinical social workers and the clients they serve.

For context, Lutheran Services in America leads one of the largest health and human services networks in the U.S., made up of over 300 Lutheran social ministry organizations that operate with over \$22 billion in annual revenue. Efforts of the dedicated people who make up our national network help improve the lives of 1 in 50 Americans each year. Guided by God’s call to love and serve our neighbors, we empower our faith-based member organizations in their mission to lift up the nation’s most vulnerable people. In providing services to seniors, children and people with disabilities, along with veterans, refugees and the homeless, our members work in 1,400 communities throughout the country—in rural and urban areas—as shown on this map:
http://bit.ly/LSA_member_map.

We have long focused on supporting the healthy, independent aging of America’s seniors – particularly people struggling with limited resources, isolated settings, or challenges like lack of transportation or food insecurity. Over 200 of our



member organizations work with seniors, providing home- and community-based services from home health care, senior centers, and care coordination to transportation, behavioral health and respite care. Our members also work with seniors via residential care, whether through affordable housing or independent living efforts, or assisted living, nursing homes or memory centers. Whether seniors are urban or rural, we are working in the home and community and partnering locally and nationally to deliver solutions that address key gaps in care today.

The Centers for Medicare and Medicaid Services (CMS) has proposed a rule change that would reduce reimbursement rates for clinical social workers (CSWs) who are Medicare providers, either as a 4 percent cut in 2020 for code revisions or a 7 percent cut in 2021 to increase reimbursement for some evaluation and management services provided by physicians, nurse practitioners, and physician assistants.

CSWs are crucial providers of care to seniors, but they are currently reimbursed at lower rates than any other mental health provider in Medicare Part B, receiving only 75% of the Physician Fee Schedule (PFS), even though they provide the same services as those paid at 100% of the PFS. Further reductions in their rates would mean many CSWs would not be able to afford to provide services to Medicare beneficiaries, meaning that millions of older adults and individuals living with disabilities enrolled in Medicare could lose access to critical mental health services. The nation cannot afford to implement these disincentives to CSW participation in this major federal program, given that many participants live with anxiety, depression and other challenges that CSWs are uniquely qualified to address.

Particularly given the current focus on addressing the social determinants of health and ensuring a robust health care professional workforce, clinical social workers play a more important role than ever in assessing the unmet needs of seniors and others under their care and providing services that meet these needs. At the same time, the number of seniors is increasing rapidly. According



to the United States Census Bureau, by 2060 the population of individuals age 65 or older will have almost doubled from 49,200,000 in 2016 to 94,700,000. This is not the time to take actions which would make sustaining a sufficient number of social workers even more challenging.

We urge you to reconsider this rule change. Thank you for the opportunity to comment.

Respectfully,

A handwritten signature in black ink that reads "Charlotte Haberaecker".

Charlotte Haberaecker
President and CEO