# Financing Evidence Based Practices for Older Adult Behavioral Health

Nancy L. Wilson, MA, LMSW
Baylor College of Medicine

NCMHA Virtual Learning Community Session

# Session Objectives

- Highlight key issues relevant to effective delivery of evidence-informed behavioral health approaches for older adults
- Identify potential financing strategies that could be used by States to support behavioral health evidence-based practices for older adults.
- Stimulate conversation and sharing across participating coalitions

# What I need to say…

- We are all “teachers and learners” and some of you have the “inside skinny..”
- My information is from ongoing scanning and interaction with communities-and a few states-and a few innovators
- Financing news evolves daily..and interacts with local and state realities

# Session Outline

Briefly review programs and practices with evidence

Highlight key delivery features with implications for organization and financing

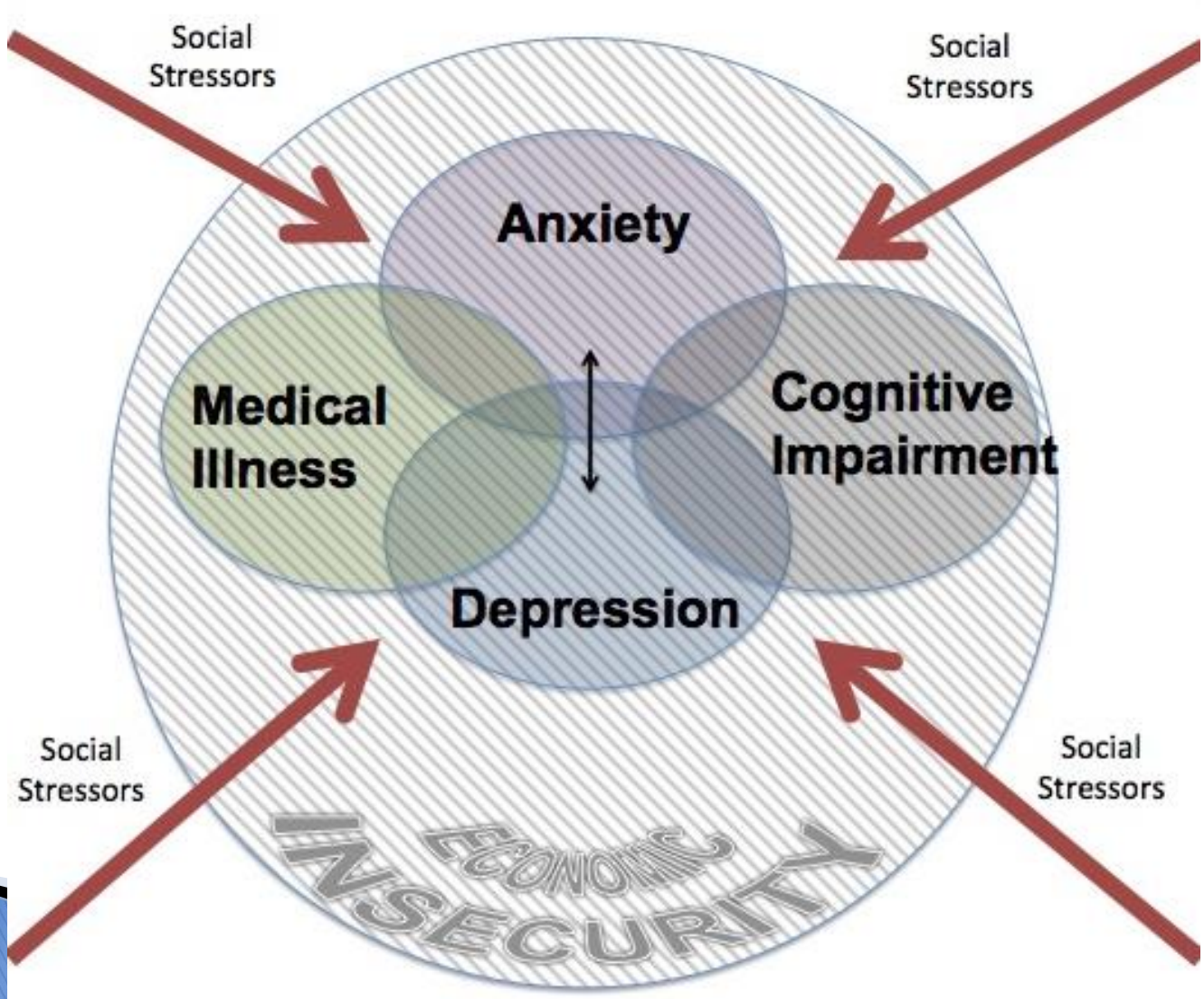
Share information on potentially relevant financing and delivery innovations

# Behavioral Health Conditions of Older Adults

- 27 Significant MH and Substance Use Conditions: 15 disorders (DSM criteria) and 12 other impairing conditions
  - Most common disorders: **Depression, Anxiety**
  - Other conditions: **Behavioral and Psychiatric Symptoms Associated with Dementia,** Fear of Falling,
- At least 14-20% has one or more disorders. By 2030, as Baby Boomers age the numbers of older adults with MH/SU needs will increase by 80%

IOM Report: *In Whose Hands 2013 http://www.iom.edu/Reports/2012/The-Mental-Health-and-substance- Use-Workforce-for-Older Adults.aspx*

# Connections among Conditions: Taking Preventive and Responsive Action



# Evidence-Based Treatment Approaches: First Line Approaches for Depression (parallels for anxiety)

- Medications: (i.e., Antidepressants like SSRIs)
- Cognitive Behavioral Therapy (CBT)
- Problem-Solving Therapy (PST)
- Interpersonal Therapy (IPT)
- Integrated Service Delivery in Primary Care (Collaborative Care)
- Family/Caregiver Support Interventions
- Mental health consultation and treatment teams in long-term care

# Less Formal Behavioral Approaches Have Their Place *

- Physical Exercise
- Psychoeducation
- Bibliotherapy: reading a self-help book for the treatment of psychological problems.

  McKendree-Smith NL[1], Floyd M, Scogin FR. J Clin Psychol. 2003 Mar;59(3):275-88.
- Supportive Interventions: promote self-care

  *Arean, P and Niu,G. Clin Geriatr Med. 2014 Aug;30(3):535-51.

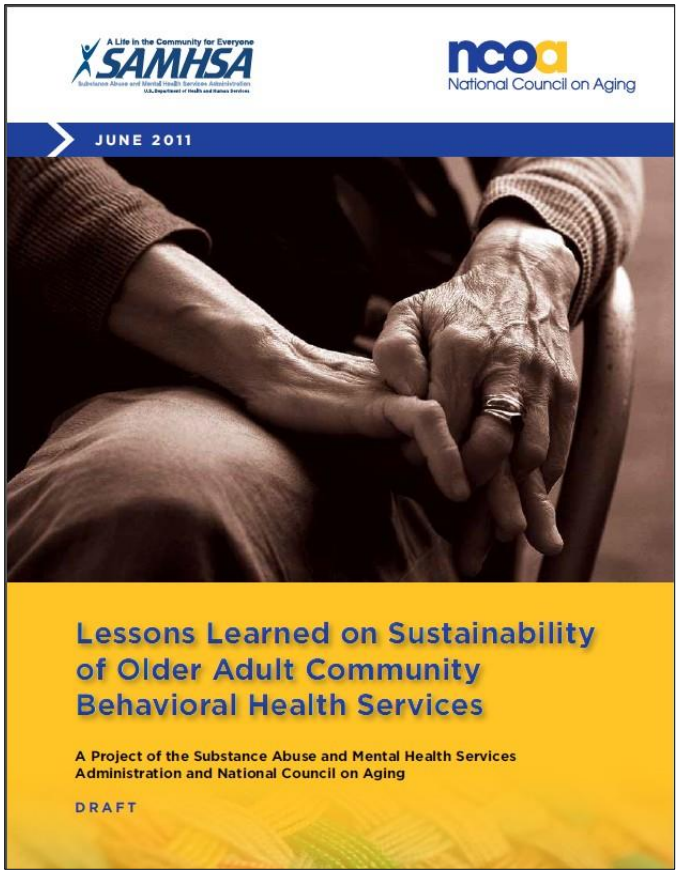
# What to Consider in Addressing Behavioral Health Needs?

- Array of and capacity of services in the community.
- Trained workforce.
- Organizational support in providing services.
- Payment / Reimbursement factors.
- The population that is targeted for services.
- Consumer preferences.

Mauer and Druss (2007)

# SAMHSA and NCOA Project

## Lessons Learned on Sustainability of Older Adult Community Behavioral Health Services




Embed into ongoing systems
Braid different funding: mh, aging etc.
Explore Billable service

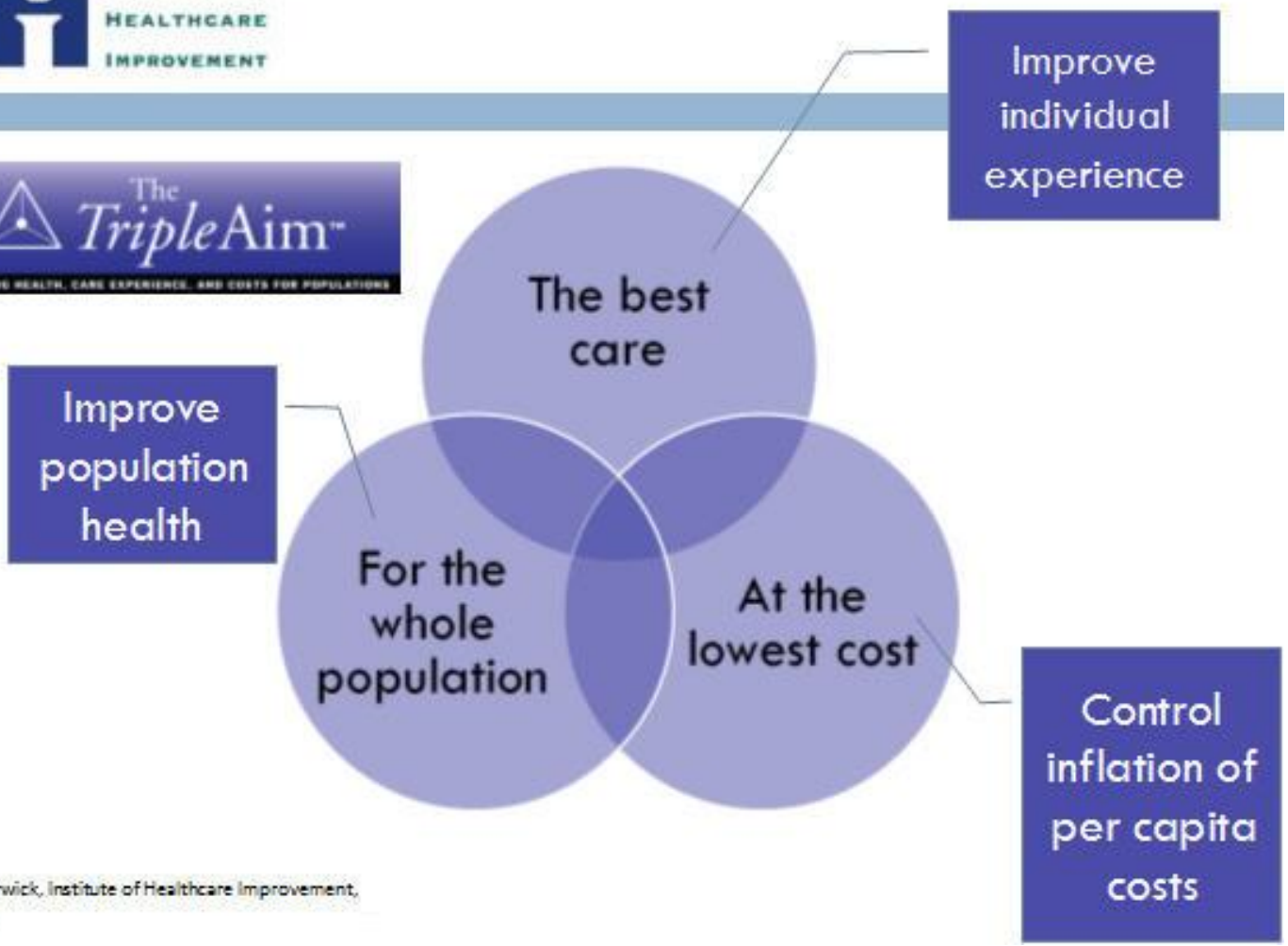
http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/lessons-learned-on.html

# Sustainability Framework

INSTITUTE FOR HEALTHCARE IMPROVEMENT

The Triple Aim℠

OPTIMIZING HEALTH, CARE EXPERIENCE, AND COSTS FOR POPULATIONS




D. Berwick, Institute of Healthcare Improvement, 2007

# PAUSE:  Comments from others?

- What questions are asked in your state about using certain practices, programs for behavioral health?

# Medicaid Home and Community Based services – State Options

- Waivers include:
  - Section 1115
  - Section1915b
  - Section 1915c and 1915i
- Money Follows the Person
- Community First Choice
- State Balancing Incentives Payment Program
- Health Homes

# Financing Collaborative Care

*IMPACT online training: http://impact-uw.org/training/onlinetraining.html*

*Module 13. Financing Integrated Mental Health Care*

- Health Homes: Medicaid
- Practice-based, fee-for-service
- Practice-based, health plan contract
- Global capitation
- Flexible infrastructure support
- Health-plan-based
- Third-party-based under contract to health plan
- Hybrid models

Bachman J, Pincus H, Houtsinger JK, Unützer J. Funding Mechanisms for Depression Care Management: Opportunities and Challenges. *General Hospital Psychiatry. 2006; 28: 278-288.*

*The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes By* Jürgen Unützer, MD, MPH, University of Washington; Henry Harbin, MD,Health Care Consultant and former CEO of Magellan Health Services; Michael Schoenbaum, PhD, National Institute of Mental Health; and Benjamin Druss, MD, MPH, Emory University

# Collaborative Care Activity

- Low Income Rural Health Clinics: Social Innovation Fund
  - www.impact-uw.org and www.uwaims.org
- DIAMOND Initiative: Depression Improvement Across Minnesota, Offering a New Direction: collaborative financing of depression care management and attention to Substance Use via SBIRT
- COMPASS: Care of Mental, Physical, and Substance Use Syndromes (COMPASS)

- www.icsi.org for more information on financing and delivery of DIAMOND and COMPASS

# Depression Care Management

- Active screening for depression
- Trained depression care manager
  - Brief evidence-based interventions
  - Education / self-management support
- Proactive outcome measurement/tracking
- Team approach, stepped care
- Follow-up

# About PEARLS and Healthy IDEAS

- Home-based depression care management
- Delivered by trained community-based agency staff
- Brief, practical, evidence-based

Learn more:

- Healthy IDEAS: http://careforelders.org/
- PEARLS: www.pearlsprogram.org
- National Council on Aging, Center for Healthy Aging: **http://www.ncoa.org/**
- AOA Evidence-based Disease and Disability Prevention Program:

http://aoa.acl.gov/AoA_Programs/HPW/Behavioral/Index.aspx

# Financing PEARLS and Healthy IDEAS

Currently implemented in over 100 sites in 26 states through various sources, including:

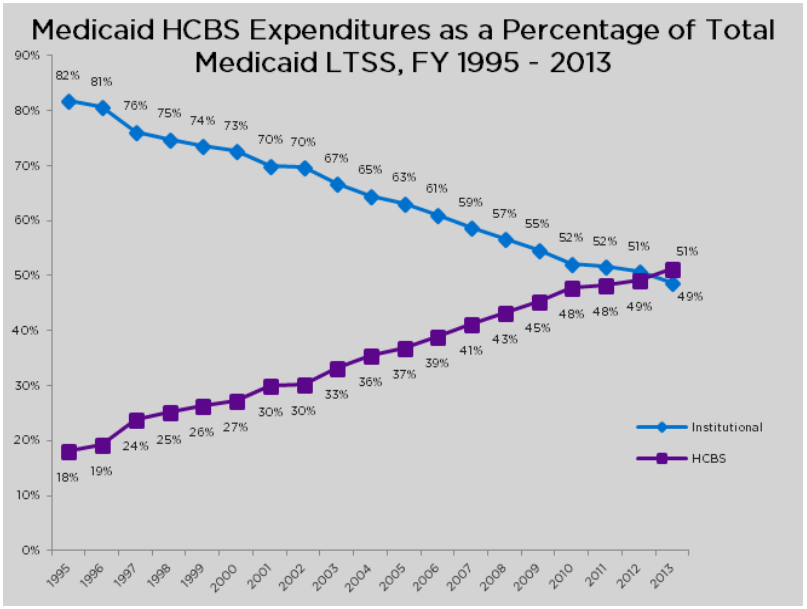
- Older American's Act case-management programs through Area Agencies on Aging (AAA) and Family Caregiver Support Programs through state and local agencies
- AAA discretionary funding
- SAMHSA Mental Health Funding to States
- SAMHSA Older Adult Targeted Capacity Expansion Grants
- Medicaid Home and Community Based Services Case Management Programs and Client Training Services
- Medicare

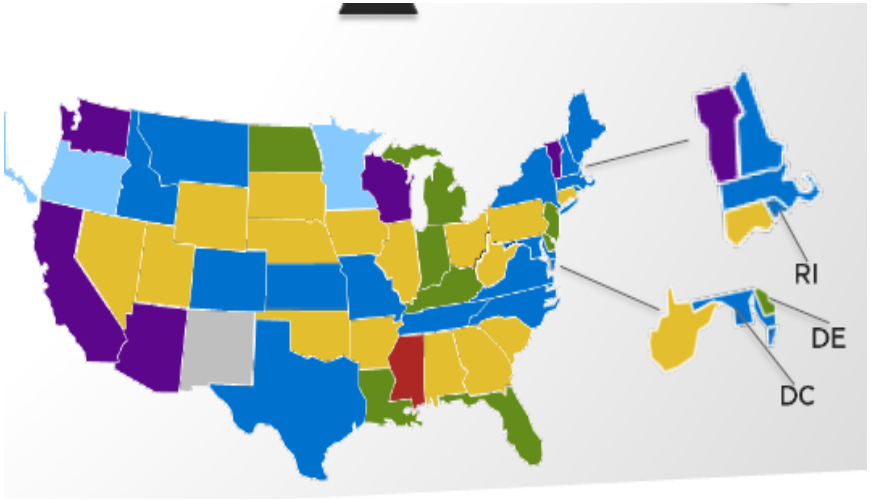
# Financing PEARLS and Healthy IDEAS

Additional Funding of Implementation Includes:

- State-funded case management
- State-funded mental health services
- United Way- funded non-profit case-management programs
- Regional Foundations
- Voter-approved funding (special levies)
- University  research and education grants
- Non-profit organizations (discretionary funds)

# Scales are Tipping Towards Community-based services




## Medicaid HCBS Expenditures as a Percent of Total Medicaid LTSS by State

Medicaid plays an important role in states' efforts to achieve compliance with the ADA and the Olmstead decision, by providing services that help individuals transition from institutional to community settings and maintain their community living status.

- Excluded due to lack of FY 2013 data
- 20 to 29%
- 30 to 39%
- 40 to 49%
- 50 to 59%
- 60 to 69%
- 70 to 79%

# Moving Evidence into Funding Washington State HCBS Example

- Medicaid State Plan:
  - Coverage for Major Depression Only
- Medicaid HCBS 1915-c Waiver
  - Prevalence of depressive symptoms-LTC: 60%
  - Gap in Service for 1/3 of clients
  - Client Training Service: skills to address minor depression
- Cost Information from the PEARLS Studies
  - RCT Average cost: $630/participant
  - Implementation Study: $1,350

# PEARLS Program and Medicaid Delivery

- Waiver unit cost based on pilot by King County AAA
  - Infrastructure needed/cost included:
  - screening, supervision, travel, full-time counselor
  - Population density supports economic model
- WA Medicaid waiver reimburses at @$150/session

  for 9 sessions (1 screening and 8 active)

  Costs vary by staffing needs, number of clients
- Depression Care Management through PEARLS and Washington State 1915-C Medicaid Waiver
  - http://www.nashp.org/webinars/supporting-behavioral-health/lib/playback.html

# Texas: Behavioral Health Pilot for Adults: Money Follows the Person (MTP)

- Operating in seven Texas Counties
- Target population: Nursing home residents ≥ 3 mos.

  w/SMI Diagnosis or BH diagnosis with functional impairment (original focus ≤ 65)
- 21% of participants aged 65 and older

  - EBP: Cognitive Adaptive Training & Substance Abuse

  - Offered 6 mos. ≤ Before & up to 1 year after entry to community

# BHP Operational Partners (through 2017):

- DADS' Relocation Specialists & the STAR+PLUS Support Unit (SPSU)
- Four local MCOs (Amerigroup, United Healthcare, Superior and Molina) who develop individual HCBS service plans and coordinate medical with community-based services
- Local mh pilot staff, under contract with DSHS, deliver Cognitive Adaptation Training (CAT)
- LMHA staff, under contract with DSHS, provide substance abuse treatment services

# Behavioral Health Pilot Outcomes

- Improved individual functioning and the successful deinstitutionalization of 400 adults with severe mental illness and/or substance use disorders
- Recovery and Cost Outcomes encouraging
  - 72% of clients remain in community – after completion of one-year intervention
  - Analysis shows that BHP participants remained in the community for an average of two years to six years in some cases resulting in significant cost savings for the state Medicaid program

- MFP Behavior Health Pilot – Year 3 evaluation: Draft Final Report (July 2014) prepared by The Addiction Research Institute Center for Social Work Research University of Texas at Austin -- Lynn Wallisch, Ph.D., Tom Bohman, Ph.D., Jim Bradley, MSSW

# BHP Next Steps

- Texas has transitioned from a traditional fee-for-service system into a state-wide, capitated managed care system. Service packages include:
  - Mental health rehabilitation
  - Substance use disorder treatment
  - Targeted case management

- The sustainability plan includes three components:
  - phasing out the current BHP by 12/31/2017
  - building capacity in Medicaid managed care organizations (MCOs) to incorporate BHP practices
  - collaborating with a contractor to provide on-going training and technical assistance on best practices to MCOs throughout Texas. MCOs will employ these techniques to provide rehabilitative and SUD services which are now included under their capitated contracts.


- Jessie.Aric@dshs.state.tx.us

# 1915 (c) Home & Community-Based Services Waiver for Adults with Behavioral Illness

- States with Current or Recent **Experience**
  - **Connecticut**
    - CT HCBS for Elders 07//2010 - 06/2015
    - Population: ages 65 - no max age
  - **Indiana**
    - IN Community Integration and Habilitation 10/01/2014 - 09/30/2019
    - Population: ages 0 - no max age
  - **Iowa**
    - A HCBS Elderly 08/01/2013 - 07/31/2018
    - Population: ages 65 - no max age

# 1915 (c) Home & Community-Based Services Waiver for Adults with Behavioral Illness

- **Montana**
  - HCB Waiver for Adults w/Severe Disabling Mental Illness – 07/01/2010 – 06/30/2015
  - Population: ages 18 – no max age

- **Massachusetts**
  - MA Frail Elder 01/01/2014 – 12/31/2018
  - Population: aged 65 – no max age

- **Types of services included in one or more states:**
  - mental health counseling
  - psychological therapy
  - family and caregiver training
  - mental health outreach
  - Psychosocial counseling and consultation
  - Alzheimer's/dementia coaching

# Michigan MI-Choice HCBS Waiver

- Home and Community Based Waiver Clients and CDSME (MI-Choice)
- Each CDSME program has a separate code number so number of participants can be tracked by program.
  - Programs include: Chronic Disease Self-Management
  - Diabetes Self-Management
  - Chronic Pain Self-Management
  - Arthritis Self-Management
  - Better Choices Better Health
  - Matter of Balance
  - Healthy Moves
  - Physical Activity Programs
  - Creating Confident Caregivers
  - T-Care
- Waiver clients must complete 4 of 6 sessions for payment to be made. (Differs by program).
- Hosting agency must have a medicaid number.
- Currently we have a small workgroup of waiver agencies that are working on the logistics: i.e. how to verify leader certifications, attendance, etc.

# Michigan

- Reimbursement for Certified Peer Support Specialist
- CPSS are a Medicaid Covered Service in the Managed Care 1915 (b) Specialty Services Waiver
  - Have a distinct provider description focusing on health and wellness including: Developing health and wellness plans
  - Integration of physical and mental health care
  - Developing, implementing and providing health and wellness classes to address preventable risk factors for medical conditions

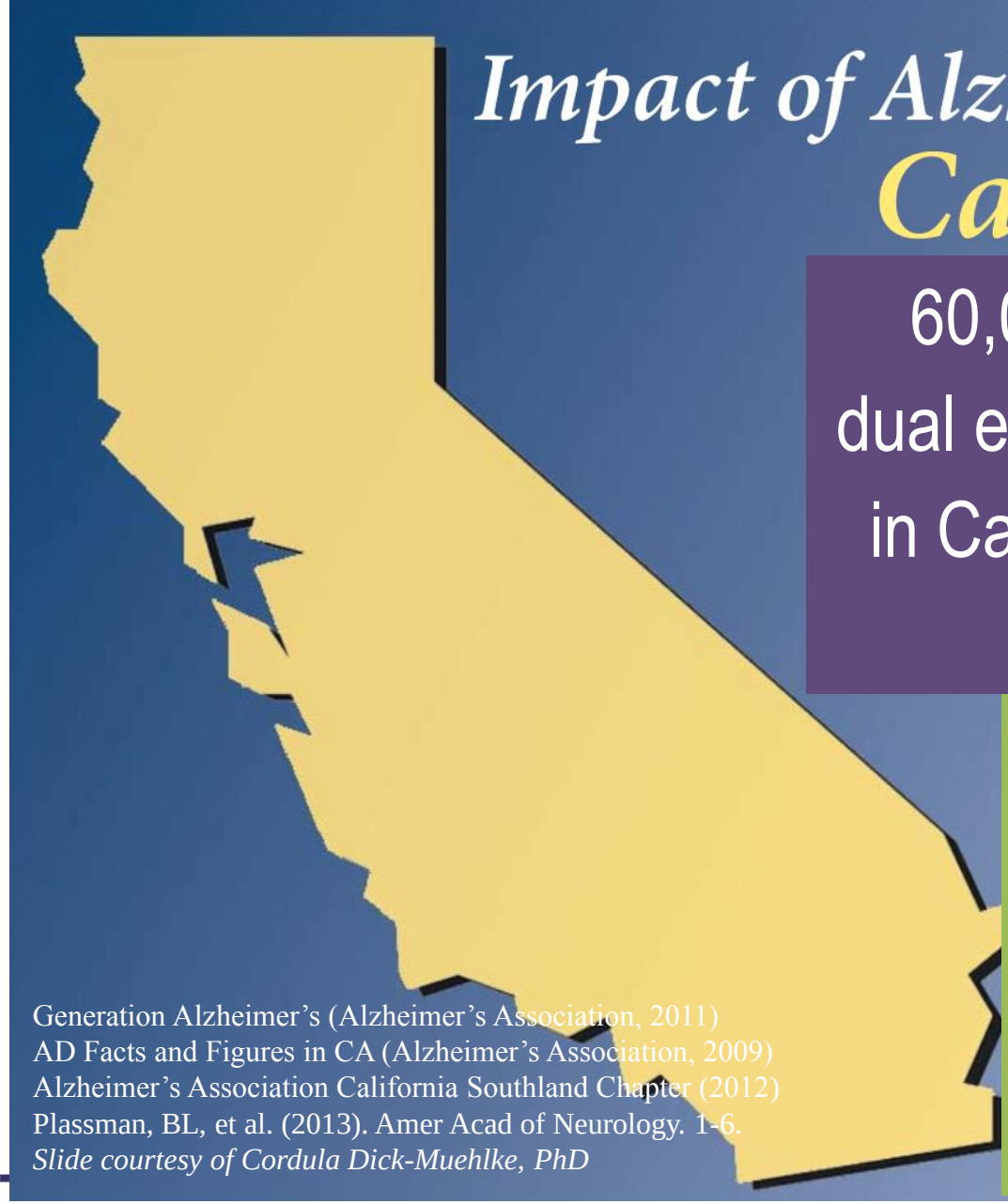
# More Information: Michigan

- CPSS have a distinct code of H0038 to capture Medicaid funding
- CDSMP/PATH is a covered service meeting the description for a CPSS in the Medicaid Provider Manual
- The individual plan of service must have a goal & objective with amount, scope and duration related to why the person is attending CDSMP

- Sherri King, Michigan Office of Services to the Aging
  kings@michigan.gov

- Pam Werner, Michigan Department of Community Health, Office of Recovery Oriented Systems of Care Bureau of Community Based Services wernerp@michigan.gov

# Impact of Alzheimer's Disease in California



60,000-84,000 dual eligible seniors in California have ADRD

10% of nation's Alzheimer's patients live in California

Within the 8 counties participating in the Pilot Project, an estimated **20,000-28,000 dual eligible beneficiaries have ADRD**

Generation Alzheimer's (Alzheimer's Association, 2011)
AD Facts and Figures in CA (Alzheimer's Association, 2009)
Alzheimer's Association California Southland Chapter (2012)
Plassman, BL, et al. (2013). Amer Acad of Neurology. 1-6.
*Slide courtesy of Cordula Dick-Muehlke, PhD*

# Cal MediConnect Overview

- As many as 350,000 will enroll in Cal MediConnect
- Participating health plans are paid on a capitated basis to provide all Medicare and Medicaid services including institutional care and community-based long-term services and supports
- Plans must conduct a Health Risk Assessment (HRA) of all enrollees
- HRA must included process to identify need for including caregivers in care coordination
- Plans are required to provide care coordination

# Systems Change

- Adapted HRA/other assessments to include cognitive impairment
- Adoption of AD8 as screening tool
- Integration of cognitive assessment into e-medical record (for care manager)
- Integration of cognitive assessment into e-medical record (for primary care provider)
- Protocol if cognitive screen is positive
- **Ability to identify caregiver**
- **Caregiver assessment adopted**
- **Adoption of standardized care plans**
- **Integration of caregiver education**
- Adoption of ALZ Direct Connect Fax Referral

# Health Care Innovations Award

- Care coordination is a key intervention component for all awardees
  - Integrating behavioral and physical health care
  - Using staff designated as care coordinators
  - Using various forms of health information technology to support service coordination
  - Creating care teams
- Peer support specialist or peer navigators play an important role in many of the awardees' projects

# Health Care Innovations Award

- **Healthlinknow (HLK)**
  - Provide behavioral care services via telehealth between local patients and HLK psychiatrists; instant messaging, email, and telephone calls via HLK between providers and patients; and a HLK IT platform that allows billing, e-prescribing, and practice management for patients with behavioral health needs in rural areas of Montana, Washington and Wyoming.
- **Institute for Clinical Systems Improvement (ICSI)**
  - Implement collaborative care management model for high risk adult patients in several states with Medicare and Medicaid coverage who have depression, diabetes or cardiovascular disease

# Health Care Innovations Award

- **UCLA Alzheimer's and Dementia Care**
  - A coordinated, comprehensive, patient and family-centered program with the aims of achieving better health, better care and lower cost of care for patients with dementia.
- **The Aging Brain Care (ABC) program**
  - Incorporates the common features of several evidence-based collaborative care models into one program designed to deliver high quality, efficient medical care to older adults suffering from depression and or dementia Medicare or Medicaid recipients 65 +.

# Emerging Opportunities for Expanding Access Efforts to Watch

- Telehealth Problem-Solving Therapy for Depressed Low-Income Homebound Older Adults

  Namkee Choi, PhD and Meals on Wheels and More-Austin, Texas

- Programa Esperanza (Project Hope): culturally modified psychosocial intervention for Spanish-speaking Latinos 55+with depression and multiple medical conditions.

  Maria P. Aranda, PhD, and AltaMed PACE program

- Changes in Financing Models: Attention to depression?
  - Medicare Annual Wellness Visit: depression screening
  - Medicare Parity: eligible providers same; consumer payment now 80% vs. 50%

# Advancing Evidence for New Workforce Roles and Models

Depression AND Anxiety
The official journal of ADAA

Research Article

**LAY PROVIDERS CAN DELIVER EFFECTIVE COGNITIVE BEHAVIOR THERAPY FOR OLDER ADULTS WITH GENERALIZED ANXIETY DISORDER: A RANDOMIZED TRIAL**

Melinda A. Stanley Ph.D.[1,2,3,*], Nancy L. Wilson M.S.W.[1,2], Amber B. Amspoker Ph.D.[1,2], Cynthia Kraus-Schuman Ph.D.[3,4], Paula D. Wagener B.A.[1,2], Jessica S. Calleo Ph.D.[1,2,3,4], Jeffrey A. Cully Ph.D.[1,2,3,4], Ellen Teng Ph.D.[1,2,3,4], Howard M. Rhoades Ph.D.[5], Susan Williams M.D.[2], Nicholas Masozera M.D.[3,4], Matthew Horsfield M.D.[2] and Mark E. Kunik M.D., M.P.H.[1,2,3,4]

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Issue

Depression and Anxiety
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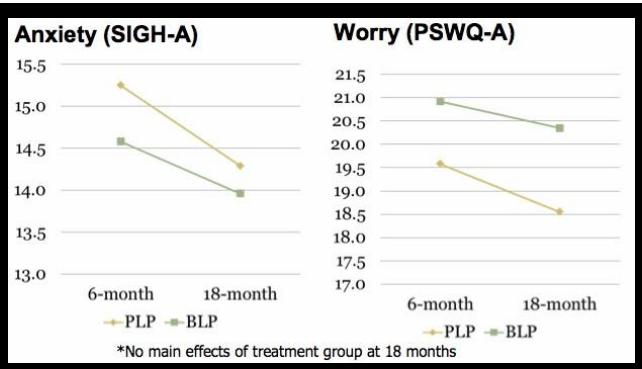
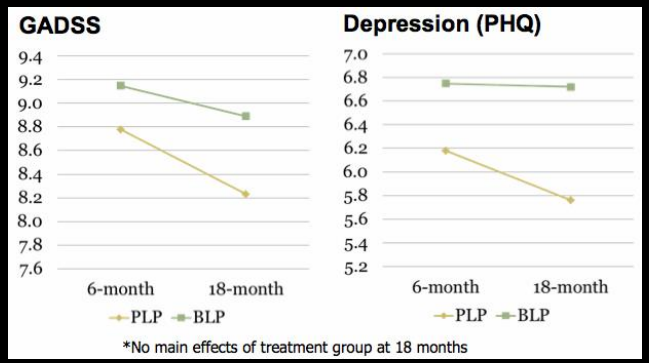
## Peaceful Living Data



# FEDERAL SUPPORT
# AOA and SAMHSA Issue Briefs

## OLDER AMERICANS BEHAVIORAL HEALTH
### Issue Brief 1: Aging and Behavioral Health Partnerships in the Changing Health Care Environment

#### Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Aging (AoA) recognize the value of strong partnerships for addressing behavioral health issues among older adults. This Issue Brief is part of a larger collaboration between SAMHSA and AoA to support the planning and coordination of aging and behavioral health services for older adults in states and communities. Through this collaboration, SAMHSA is providing technical expertise and tools, particularly in the areas of suicide, anxiety, depression, alcohol and prescription drug use and misuse among older adults, and partnering with AoA to get these resources into the hands of aging and behavioral health professionals.

#### State Aging and Behavioral Health Partnerships

States are expanding older adult behavioral health services through partnerships between State Aging, Mental Health, and Single State Authorities. These partnerships have increased access to health interventions for suicide prevention, depression, at-risk alcohol and medication misuse, and chronic disease management such as the evidence-based practices and programs identified in this Brief. Access has improved for adults with mental health and substance use disorders and for those who are at-risk for developing these disorders. Successful partnerships can link aging and behavioral health providers in the community.

Behavioral health agencies and aging service providers that partner can offer health interventions as well as link older adults to specialists who address high-risk medication and alcohol use, depression, anxiety, and suicide prevention. Primary care providers can benefit by participating in these partnerships and referring older adults to appropriate evidence-based prevention, screening, and brief intervention practices.

- Many aging service providers offer care management, chronic disease self-management, and other evidence-based health promotion and prevention programs. Aging service providers also link older adults with benefits information and long-term services and supports. Health systems that choose to partner with aging service providers and behavioral health providers can better reach dual eligibles and home-bound populations and link to community-delivered evidence-based services, to ultimately improve care coordination and reduce cost.

Key components of effective aging and behavioral health partnerships that result in positive health impacts for older adults and improved service delivery systems include:

- **Leadership** of at least one state government champion who has a goal of increasing or improving access to health services, building systems of delivery, mobilizing partners, taking advantage of opportunities, and proactively developing strategies to capitalize on new opportunities.
- **Advocacy** resulting in financing, policy, or program change that increases or improves access to health services.
- **Financial Sustainability** that increases or improves access to health services.
- **Development of statewide delivery systems** that link aging and behavioral health services and that leverage both systems to increase reach and effectiveness of overall health services.

AoA Administration on Aging

SAMHSA

## OLDER AMERICANS BEHAVIORAL HEALTH
### Issue Brief 2: Alcohol Misuse and Abuse Prevention

#### Introduction

The Substance Abuse and Mental Health Administration (SAMHSA) and Administration on Aging (AoA) recognize the value of strong partnerships for addressing behavioral health issues among older adults. This Issue Brief is part of a larger collaboration between SAMHSA and AoA to support the planning and coordination of aging and behavioral health services for older adults in states and communities. Through this collaboration, SAMHSA is providing technical expertise and tools, particularly in the areas of suicide, anxiety, depression, alcohol and prescription drug use and misuse among older adults, and partnering with AoA to get these resources into the hands of Aging Network professionals.

#### Importance of the Problem

The misuse and abuse of alcohol in older adults present unique challenges to recognizing the problem and determining the most appropriate treatment interventions. Alcohol use problems in this age group often go unrecognized and, if they are recognized, are generally under-treated. Standard diagnostic criteria for alcohol abuse or dependence are difficult to apply to older adults, leading to under-identification of the problem. Older adults who are experiencing substance misuse and abuse are aging and vulnerable population.

Over an number of years, community surveys have estimated the prevalence of problem drinking among older adults from 1 percent to 15 percent. The rates of problem found in community surveys vary widely depending on the definitions of older adults, at-risk and problem drinking, and alcohol abuse/dependence. Estimates of alcohol problems are the highest among people seeking health care because individuals with drinking problems are more likely to seek medical care. Fourteen percent of men and 3 percent of women older than age 65 engage in binge drinking.

#### Guidelines for Alcohol Use

The National Institute of Alcohol Abuse and Alcoholism and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol (TIP) 26 on older adults' have recommended levels of alcohol consumption to minimize risky or problem drinking and to prevent alcohol-related problems.

For adults aged 65 and older the recommended limit is:

Overall consumption:

- Men: No more than 7 drinks/week, or 1 standard drink/day;
- Women: No more than 7 drinks/week, or 1 standard drink/day;

Binge drinking:

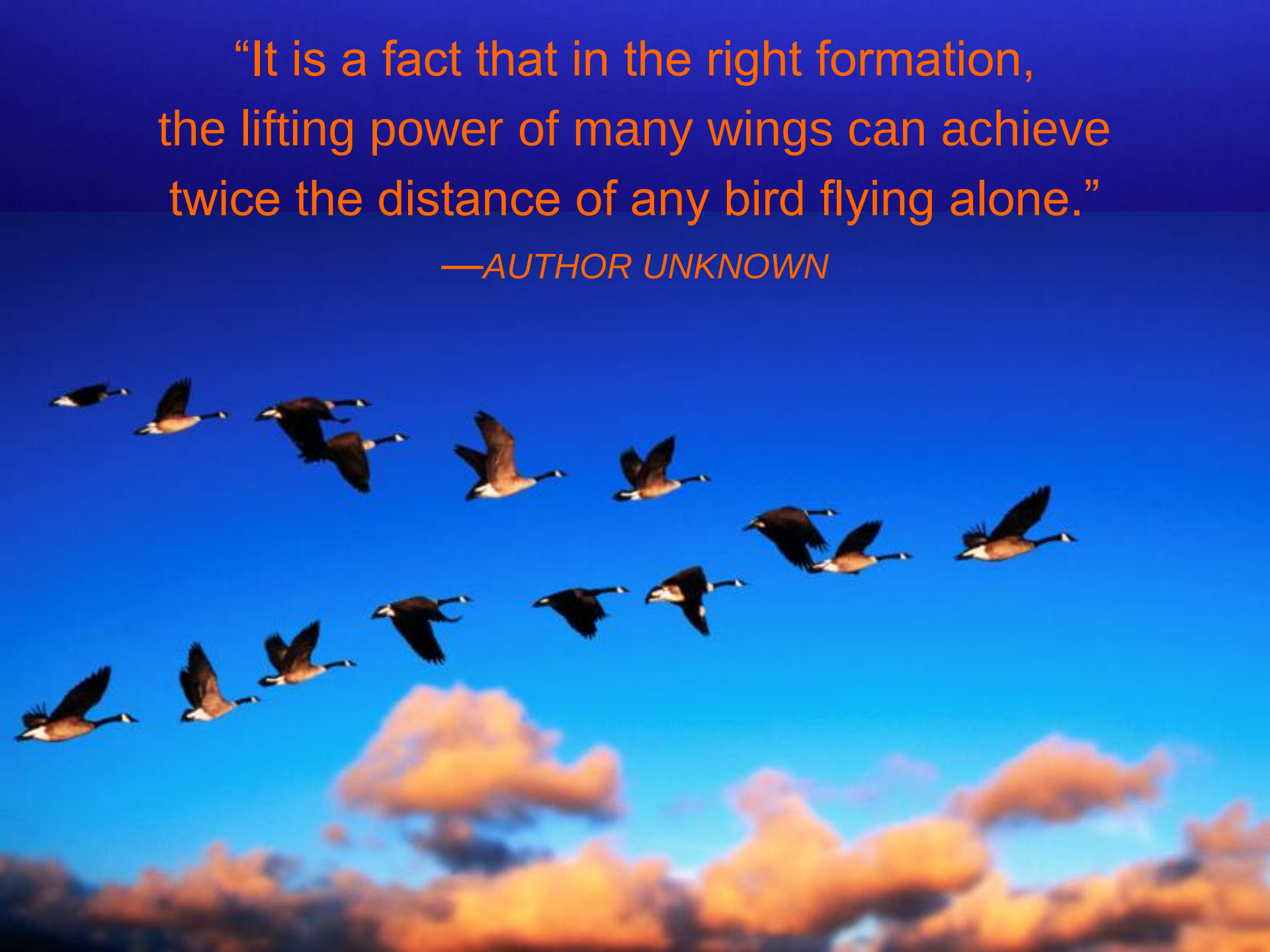
- Men: No more than 3 standard drinks on a drinking occasion;
- Women: No more than 2 standard drinks on a drinking occasion.

Older individuals should not drink any alcohol if they:

- Are taking certain prescription medications, especially psychoactive prescription medications (e.g., opioid analgesics and benzodiazepines),
- Have medical conditions that can be made worse by alcohol (e.g., diabetes, heart disease),
- Are planning to drive a car or engage in other activities requiring alertness and skill
- Are recovering from alcohol dependence, should not drink alcohol.


AoA Administration on Aging

SAMHSA


“It is a fact that in the right formation,
the lifting power of many wings can achieve
twice the distance of any bird flying alone.”
—AUTHOR UNKNOWN