

# Accessing Behavioral Health Services for Older Adults

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- Problems getting on the webinar? Send an e-mail to [NCLER@acl.hhs.gov](mailto:NCLER@acl.hhs.gov).
- Written materials and a recording will be available at [NCLER.acl.gov](http://NCLER.acl.gov). See also the chat box for this web address.

# About NCLER

The National Center on Law and Elder Rights (NCLER) provides the legal services and aging and disability communities with the tools and resources they need to serve older adults with the greatest economic and social needs. A centralized, one-stop shop for legal assistance, NCLER provides Legal Training, Case Consultations, and Technical Assistance on Legal Systems Development. Justice in Aging administers the NCLER through a contract with the Administration for Community Living's Administration on Aging.

# About Justice in Aging

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.

# Key Lessons

- The need for behavioral health services among older adults is growing.
- Most older adults access behavioral health services through Medicare.
- People who are dually eligible for Medicaid and Medicare may face additional challenges in accessing behavioral health services.
- Promising innovations to coordinate care among behavioral, medical, and LTSS benefits are occurring in dual eligible demonstration initiatives.

# Behavioral Health Needs Among Older Adults

# Behavioral Health Overview

- Behavioral health encompasses a person's emotional, psychological, and social well-being.
- Behavioral health services include screening & treatment for mental health conditions and substance use disorders.

# Needs Among Older Adults

- 1 in 5 adults age 55+ have at least one behavioral health need & high rates of comorbidities
- Nearly 50% of persons dually eligible for Medicare & Medicaid have behavioral health needs
- Opioid Use Disorder (OUD)
  - Opioid Rx among seniors rising dramatically & OUD is growing the fastest among the Medicare population
  - 1 in 3 adults age 50+ report misusing opioids in last 30 days
  - Medicare pays for one-third of opioid-related hospitalizations, making it the single largest payer nationwide.



# Behavioral Health Disparities

- Older adults have highest suicide rate
  - Rate among men age 75+ nearly double rate of any other age group
- Higher rates among low-income seniors & duals
  - Over half of all Medicare inpatient psychiatric facility patients are duals
  - Nearly half of under-65 duals have severe mental disorders

# Medicare Coverage of Behavioral Health Services

# Medicare Part B Services

## Screenings & Evaluations

- One depression screening per year
- One-time “Welcome to Medicare” preventive visit, including a review of possible risk factors for depression
- Yearly “Wellness” visit, including an evaluation of changes in mental health
- Testing and evaluation of current treatment
- Psychiatric evaluation
- Medication management

## Treatment

- Individual & group psychotherapy with doctors or certain other licensed professionals (varies by state)
- Family counseling, if main purpose is treatment
- Prescription drugs that aren’t usually “self administered”
- Diagnostic tests
- Partial hospitalization
- Outpatient mental health services for treatment of inappropriate alcohol and drug use
- Structured Assessment & Brief Intervention (SBIRT)
- Opioid Use Disorder Treatment (starting 2020)

# Medicare Providers

- Part B covers mental health services provided by a psychiatrist or other doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, or physician assistant.
  - Medicare will not reimburse for services by providers who opt out of Medicare.
- Medicare does not cover services provided by mental health counselors or marriage and family therapists.
  - Can be a barrier to care for Medicare beneficiaries in rural areas where few behavioral health providers

# Medicare Part A Coverage

## Providers

- General Hospitals
- Psychiatric Hospitals

## Services & Treatment

- Up to 190 days inpatient treatment at psychiatric hospital
- Medication including MAT for substance use disorder
- Covers *inpatient* treatment by clinicians not authorized under Part B

# Medicare Cost-Sharing

Original Medicare		Medicare Advantage
Part A	Part B	
<ul style="list-style-type: none"> <li>• After deductible, Medicare pays first 60 days in hospital; coinsurance begins on day 61</li> <li>• Psychiatric hospital: Lifetime limit of 190 days</li> </ul>	<ul style="list-style-type: none"> <li>• After deductible, Medicare pays 80% of approved amount; beneficiary pays 20% coinsurance</li> <li>• Partial hospitalization: 20% coinsurance for each day + coinsurance for each clinician service</li> </ul>	<p>Medicare Advantage plans must cover all Part A &amp; B services but may set their own cost-sharing amounts.</p>

# Medicare Part D

- Prescription drug coverage under Part D includes anti-depressants, anti-psychotics, and medically necessary drugs to treat substance use disorder (SUD)
  - Note: Currently, methadone or similarly administered medications are not covered unless prescribed to treat pain or other non-SUD condition.
  - Beginning in 2020, Medicare will cover methadone provided by a certified opioid treatment programs as a bundled Part B benefit.

# Medicaid Coverage of Behavioral Health Services and Issues for Dual Eligibles



# Medicaid and Behavioral Health

- Largest single payer of mental health services in the country
- The benefits that a given state covers and the administration of those benefits vary
- Certain inpatient and outpatient services are mandatorily covered, while others may be optional:
  - Substance use disorders treatment
  - Rehabilitation services
  - Peer supports
  - Case management

# Administration of Medicaid Behavioral Health

- Some states use public or quasi-public state entities to administer behavioral health services
  - Particularly for individuals with serious or persistent mental illness or seriously emotionally disturbed children and youth
- Eleven states maintain a carve-out for Medicaid behavioral health services from Medicaid managed care, typically administered through another waiver.
- Also, note that even if services are not carved out, they may be sub-contracted to a downstream entity.

# Mental Health Parity

- Mental Health Parity Requirements
  - Final rule for Medicaid and CHIP
  - Prohibits health plans and insurance issuers from imposing less favorable benefit limitations on mental health or substance use disorder benefits than on medical or surgical services
  - Applies parity requirements for other insurance plans to Medicaid and CHIP

# Dual Eligibles and Behavioral Health

- Coordination of benefits issues
  - Structure of Medicaid behavioral health (carve-outs and sub-contracting) exacerbate coordination
- Growing effort to coordinate with medical and long-term services and supports
  - Dual eligible demonstrations
  - New D-SNP requirements

# Examples from Dual Eligible Demonstrations

- California
  - Inquire about behavioral health needs during initial enrollment assessment and regularly thereafter
  - Care plans identify behavioral health providers and require their review of the plan
  - Memorandum of Understanding required between plan and county entities who administer and provide specialty mental health and substance use services
- Massachusetts
  - Timely access requirements for enrollees with specific behavioral health diagnoses

# Case Example: Maria

- Maria is a 71 year old woman living in California who has both Medicare and Medicaid. After her husband passed away, she has been feeling depressed and wants to talk to someone.
- However, she doesn't want to "air her dirty laundry," and only in conversation with you does she reveal her recent depression.
- What steps should you take to link to her a behavioral health professional?

# Case Example Tips

- Assess Maria's willingness for treatment.
- Ascertain her Medicare coverage - basic counseling for depression falls under Medicare Part B.
- If her depression becomes more serious, she would need to access specialty mental health services through Medicaid.
- Depending on her circumstances and preferences, enrolling in a more integrated health plan may help coordinate her care.

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# Case Consultations

Case consultation assistance is available for attorneys and professionals seeking more information to help older adults. Contact NCLER at [ConsultNCLER@acl.hhs.gov](mailto:ConsultNCLER@acl.hhs.gov).