

# Webinar Summary: Supporting Behavioral Health for Older Adults: State Medicaid Strategies

June 9, 2011

The behavioral health needs of older adults are different: multiple chronic conditions, stigma, physical disability, and other functional impairments can make providing adequate behavioral health care for older people a challenge for state Medicaid programs.. While the costs and challenges associated with failing to meet these needs continues to rise, much of this cost will redound to state Medicaid agencies in the form of higher levels of care such as nursing home placement, psychiatric hospitalization, and long term care services. State Medicaid programs therefore have a key role to play in addressing the varied behavioral health needs of older adults.

NASHP, funded by SAMHSA through a contract with Abt Associates, has identified several key themes for states on this issue in its forthcoming brief, *Supporting Behavioral Health for Older Adults: State Medicaid Strategies*:

- **Resources and tools exist within state Medicaid programs to address the particular issues of aging and behavioral health.** States are using a variety of strategies to address the growing behavioral health needs of older people within their Medicaid systems, including the rehabilitative services option, integrating services within primary care, tailoring waiver programs, and using improved screening and specialized nursing home care.
- **A spectrum of care is important.** A range of care options is necessary because behavioral health problems in older adults present across a broad continuum: in the community, in the primary care office, in Community Mental Health Centers, and in the long term services and supports system.
- **Integrated care is a critical component of care for older people.** The complexity of care required for adults with multiple chronic needs often demands an integrated approach that acknowledges both physical and behavioral health needs, manages polypharmacy and drug interactions, and coherently addresses overlapping cognitive, behavioral, social and emotional impact of physical and behavioral health problems.
- **Addressing the needs of older people with behavioral health problems is challenging without concerted state policy leadership.** Integrated and specialized care, involving multiple systems, multiple funders, licensing and training issues, requires sustained attention and leadership at the policy level in order to be successful.

In anticipation of the release of this publication, NASHP convened a webinar on June 9, 2011 to highlight some of the state strategies profiled in this brief.

## ***Presentations***

### **Introductory Remarks from the Substance Abuse and Mental Health Services Administration**

*Shelagh Smith, Senior Public Health Advisor, SAMHSA*

Shelagh Smith provided welcoming remarks from the Substance Abuse and Mental Health Services Administration (SAMHSA). Ms. Smith reiterated that the recovery needs of older people is a key issue for SAMHSA; they are committed to promoting individual, programmatic, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce discriminatory barriers.

### **Pennsylvania Peer Support Services: A Keystone in Mental Health Systems Transformation**

*William Boyer, Section Chief for Program Development at the Pennsylvania Office of Mental Health & Substance Abuse Services*

This presentation described the use of Peer Support Services in Pennsylvania. After receiving a federal mental health systems transformation grant, Pennsylvania amended its Medicaid state plan to enable it to provide Peer Support Services. The state began certifying peer specialists in 2006.

- **Mental health transformation in Pennsylvania:**
  - Established goals in 2003 to promote the recovery process; the development of Peer Support services was viewed as a key element.
  - Pennsylvania became one of the early states to offer Medicaid-funded Peer Supports starting in February 2007.
- **Peer Specialists**
  - Candidates must attend 10-day, 75-hour training program culminating in a final exam.
  - Two-day orientation training is required for individuals supervising peer specialists—has helped relationship formation and understanding of supervisor role.
  - Peer Support Specialists received the first new civil service classification in Pennsylvania in 12 years.
  - Today:
    - Expanded to all counties in Pennsylvania.
    - More than 1800 trained Certified Peer Specialists (largest of any state).
    - More than 850 trained supervisors.
    - 103 approved Peer Support Services Providers.
  - Surveys of Peer Support Specialists showed:
    - Greater employment of CPSs after completing the training
    - Reductions in use of public assistance by CPSs
    - Decreases in hospitalization and use of emergency room services by CPSs
    - 71.2% of CPSs were working with older adults
- **Specialized training for Peer Specialists working with older adults**

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- Phase 1 (2008)
  - State partnered with University of Pennsylvania with support from:
    - PA Department of Aging
    - PA Office of Long Term Living
    - PA Office of Vocational Rehabilitation
  - Formed statewide workgroup with broad stakeholder representation.
  - Developed curriculum targeted the needs of older people.
  - Piloted a 3-day older adult training curriculum with 20 participants.
- Phase 2 (2011)
  - Develop capacity for future training of CPSs
  - Develop 4 day “train the trainer” curriculum
  - Have selected 2 PA training entities and one from another state
- **Next Steps**
  - Expand Older Adults Certified Peer Specialist workforce beyond Medicaid-funded peer supports.
  - Modify memorandum of understanding with the state Office of Vocational Rehabilitation to help pay for Older Adults Certified Peer Specialist training expenses and employment supports.

## **Nevada PASRR Program**

*Dave Caloiaro, Performance Improvement Specialist at the Nevada Division of Mental Health and Developmental Services*

This presentation discussed the structure of Nevada’s Pre-admission Screening and Resident Review (PASRR) program. Nevada’s Division of Mental Health works closely with Medicaid to manage this required Medicaid service.

- **Nevada Division of Mental Health and Developmental Services (MHDS)**
  - State mental health authority for Nevada, also covers developmental services and substance abuse.
  - Most mental health services in Nevada are provided by the state.
- **Preadmission Screening and Resident Review (PASRR)**
  - Established in 1987 out of concern that many people with serious mental illness were inappropriately being placed in nursing facilities without the expertise to serve their needs.
  - Magellan Medicaid Administration is PASRR vendor in Nevada.
  - Specialized services are provided for clients referred to PASRR Level II screens, including
    - Psychotropic medications
    - Psychotherapy
    - Psychiatrist follow-up services
    - Psychiatric evaluation
    - Psychological testing
    - Transitioning services
    - Monitoring and advocacy
- **PASRR Specialized Services Coordination**

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- Nevada’s Regional PASRR coordinators perform quarterly onsite reviews for PASRR clients who meeting nursing facility levels of care.
- Coordinators serve as members of the client’s multi-disciplinary treatment team.
- Nevada developed documentation tools to assist nursing facility staff with PASRR documentation requirements, including PASRR specialized services.
- **Ideal Practices for Mental Health Services Provided in Nursing Facilities**
  - Multidisciplinary team model.
  - Expertise and qualifications in geriatric psychiatry.
  - Individual assessment, treatment planning and follow-up.
  - Staff education in identification and management of mental health problems.
  - Providing or arranging for the provision of PASRR specialized services.

## **PEARLS as a Medicaid Waiver Service**

*Traci Adair, Program Manager, Washington Aging and Disability Services Administration, Home and Community Services Division*

This presentation focused on Washington’s use of the Program to Encourage Active and Rewarding Lives for Seniors (PEARLS) under a 1915(c) Medicaid waiver. PEARLS consists of a short-term service where PEARLS providers offer structured, time-limited sessions in the patient’s home.

- **Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)**
  - Developed in Washington State in the 1990s at the University of Washington.
  - Two randomized, controlled trials have demonstrated that PEARLS is effective at improving depressive symptoms in older adults—now an evidence-based practice for older adults with minor depression.
  - Programs are required to have consultation with psychiatrist.
  - PEARLS provider also coordinates with primary care physician.
- **As HCBS waiver program**
  - In 2006, the Health Promotion Research Center at the University of Washington approached the Aging and Disability Services Administration to collaborate on study of prevalence of depression in home-dwelling older adults—about 60% showed depressive symptoms.
  - State mental health waiver program does not cover minor depression so the Aging and Disability Administration worked with the King County Area Agencies on Aging, where PEARLS has been in place for a decade (funded through different programs, including local dollars and block grant funding).
  - Came up with methodology for costing out each visit, developing a menu of services—worked with CMS to add “acquisition of skills to address minor depression” in the definition of their client training service in the state’s 1915(c) waiver.
    - This is now an option that can be used by Area Agencies on Aging to develop a PEARLS program.
- **Considerations**
  - Several service costs must be rolled into per-visit costs

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- PEARLS requires consultation with a psychiatrist; part of the infrastructure needed in developing PEARLS.
  - Pre-work must be done to reach clients.
  - Phone calls required as part of the evidence based practice that are not separately billable as waiver services.
  - Best if program can have dedicated FTEs as PEARLS counselors to do pre-work.
- PEARLS involves a good deal of travel—most effective in densely populated areas.
- PEARLS counselors don't have specific requirements for education but must take the 2-3 day PEARLS training.
- An organization, rather than an individual provider, can more effectively provide PEARLS since infrastructure supports such as consultation with psychiatrists can be made available to all PEARLS counselors.
- Next Steps
  - Health Promotion Research Center has approached Aging and Disability Services to partner on a grant that would allow them to develop PEARLS options in additional areas.