



Financing and Sustaining Behavioral Health Interventions



OLDER AMERICANS
Behavioral Health
Technical Assistance Center

**Funded by SAMHSA
in collaboration with AoA**



Welcome and Overview



Introductions & Welcome

- Marian Scheinholtz, MS, OT - Substance Abuse and Mental Health Services Administration

Presenters



- **Alix McNeill, MPA** - National Council on Aging
- **Shannon Skowronski, MPH, MSW** - Administration for Community Living, Administration on Aging
- **Jean Close** - Division of Benefit Coverage, Centers for Medicare and Medicaid services
- **Lesley Steinman, MSW, MPH** - Health Promotion Research Center, University of Washington
- **Stephen Ferrante, MSW** - Group Victory, LLC and Florida Atlantic University Aging Academy

Purpose and Overview



- Understand the factors and strategies in programs, organizations and the community that contribute to sustainability of behavioral health programs.
- Gain knowledge about public and private financing mechanisms that support effective older adult behavioral health interventions, programs and practices.

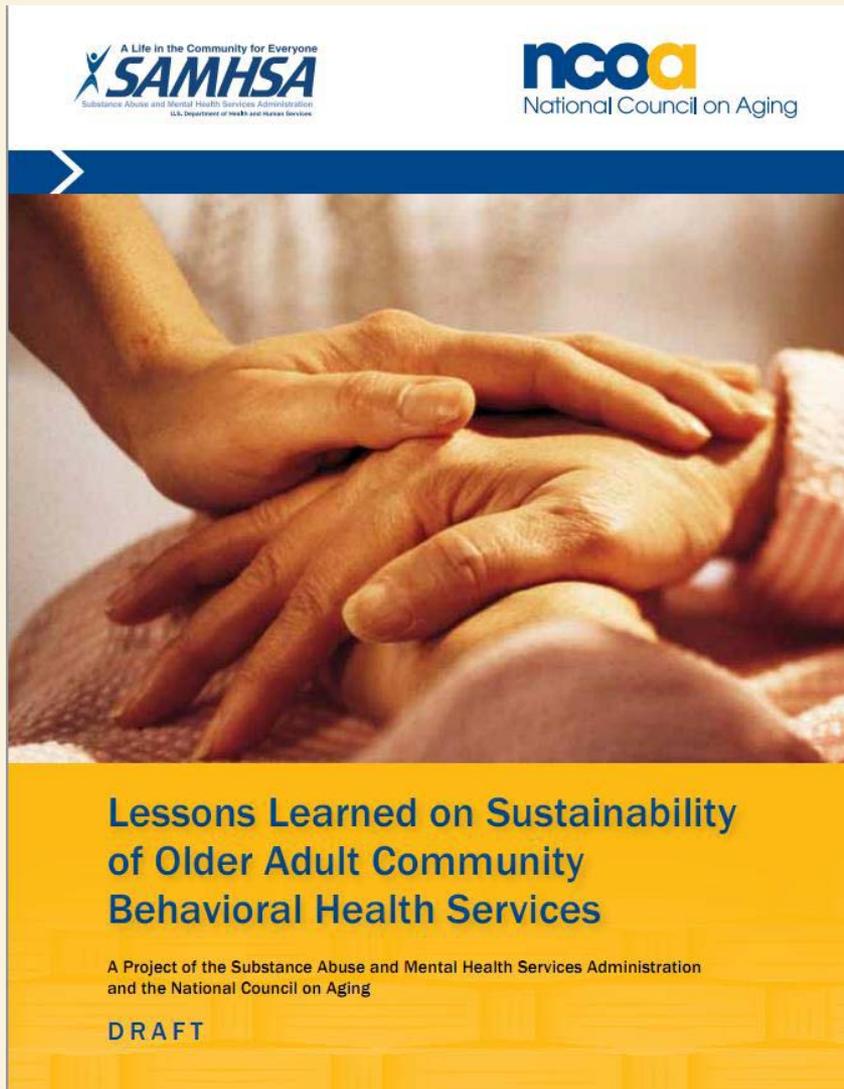
NOTE: Send questions via WebEx Chat



Strategies for Sustaining and Financing Evidence-Based Programs and Practices

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Resource: Sustainability and Financing



http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/NCOA-Sustainability-Rpt-1_12-web.pdf

Sustainability Framework

Sustainability Framework

Program Factors

- Demonstrated effectiveness
- Designed for results
- Fits with mission

- Readily perceived benefits
- Financial resources
and financing strategy
- Articulated theory of change
- Flexibility
- Human resources

Organizational Factors

- Program champions
- Leadership by CEO
- Managerial and systems
support
- Integration in the organization
- Organization stability
and flexibility
- Sustainability plan
and action

Community Factors

- Community / state
support for program
- Availability of resources
- Political legitimacy

Program Impact and Fit



- Demonstrated effectiveness
- Designed for results
- Fit with organizational mission
- Readily perceived benefits
- Financial resources & financing strategy
- Articulated theory of change
- Flexibility
- Human resources

Organizational Capacity



- Program champions / Leadership by CEO
- Managerial and systems support
- Integration in the organization
- Organization stability and flexibility
- Sustainability plan and action

Community Support



- Community / state support of the programs
- Availability of resources
- Political legitimacy

Findings...Plan for sustainability EARLY...



“All I’m saying is that now is the time to develop the technology to deflect an asteroid...”

Key Findings



- Embedding services into ongoing systems useful
 - Example: depression care embedded to enhance case management
- No one funding source was sufficient for sustaining services
 - Braided funding important
 - Sources varied: medical, mental health, aging
- Services sustained were often billable including:
 - care management, depression care management, psychotherapy and psychiatry

Plan for Sustainability



→ Plan with partners

→ Embed in routine services

→ Know costs

→ Investigate various public and private financial sources

Plan for Sustainability



- Identify what needs to be sustained (is it full program /practice or parts?)
 - Contact primary program designer to review options for adaptation.
 - Learn what program adaptations may be made while maintaining fidelity VS when adaptation loses essential components or intensify to be effective.

Financial Resource Guide

Basics on grants and other financing sources

→ Private Pay and Insurance

→ CMS

- Medicare Fee for Service, Medicare Advantage
- Medicaid State Plan Services, HCBS Waiver

→ SAMHSA

- Uniform Block Grant for mental health & substance abuse
- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- Primary and Behavioral Health Integration Grants
- Mental Health Transformation

Financial Resource Guide

- AoA - Older Americans Act (OAA)
 - III-B State & Community Programs (care management, services)
 - III -D Disease Prevention/Health Promotion Services
 - III-E Family Caregiver
 - IV Research, Training & Development: (Discretionary) Evidence-Based Disease & Disability Prevention Program

- FY-2012 Congressional appropriations NOW requires OAA Title IID funding be used only for programs and activities which have been demonstrated to be evidence-based. For more information on the new requirement, visit AoA's [Title IID webpage](#).

Financial Resource Guide

- Additional Federal
 - CDC Research & Prevention
 - HRSA Federally Qualified Health Centers
 - USDA
- State and Local Government
 - Special taxes
- Philanthropic
 - Foundations
 - United Way
- Partnerships
 - In-kind resources
- Social enterprise

Lessons Learned from SAMSHA Grantees



- Older Adult Targeted Capacity Expansion Grantees

- Michigan: Affordable Care Act / Care Transitions Initiative funded through CMS
 - AAA lead agency
 - Behavioral health coaches added to care transition model
 - Coaches visit in hospital and home; arrange for behavioral health services

- Kansas: Elder Abuse funds support gatekeeper outreach and behavioral health services



The Older Americans Act: Behavioral Health Funding

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Older Americans Act



- Passed in 1965
- *Mental health* appears 29 times
- Last reauthorized in 2006 when *mental health* was added 20 times
- Currently up for reauthorization

Older Americans Act Title III



- ➔ Title IIIB Supportive Services and Senior Centers Program
 - FY 2011 \$367,611,000
- ➔ Title IIID Disease Prevention and Health Promotion Services Program
 - FY 2011 \$20,984,000
- ➔ Title IIIE National Family Caregiver Support Program
 - FY 2011 \$153,911,000

OAA Title III-B



- Known as “Supportive Services” – under which mental health services are eligible for funding, such as mental health screenings, outreach, education, counseling, and referral to services for treatment, and support for case management in which some behavioral health interventions are embedded.

OAA Title III-D

- Title III-D is Disease Prevention and Health Promotion. As of this year, due to a change in the appropriations language, these funds are required to be used on only evidence-based DPHP programs. These include programs such as PEARLS, Healthy IDEAS, BRITE, or any other any other behavioral health program that meets at least AoA's minimal criteria.

Evidence-Based Program Requirement



→ AoA Title IID Website

- http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IID/index.aspx

→ SAMHSA National Registry of Evidence-Based Programs and Practices

- <http://www.nrepp.samhsa.gov/>

→ NCOA Center for Healthy Aging

- <http://www.ncoa.org/improve-health/center-for-healthy-aging/>

OAA Title III-E

- Title III-E, the National Family Caregiver Support Program, can be used to support behavioral health activities, most specifically counseling services for eligible family caregivers. States are required to ensure that all 5 services under III-E are available in their states, including the service category known as Counseling, Education and Training, and Support Groups. The other services related to behavioral health under III-E can include: information to caregivers about available behavioral health services; assistance to caregivers in gaining access to behavioral health services; and individual counseling, organization of support groups, and caregiver training to assist the caregivers in the area of behavioral health.

Approaches

→ Leveraging OAA Funding

→ State and Area Plans



Case Study

Aging Resources of Central Iowa (AAA)

- ➔ PEARLS – Program to Encourage Rewarding Lives for Seniors
 - Iowa Geriatric Education Center - Health Resource and Services Administration Grant
 - State (OAA Title III-D)
 - County funds

- ➔ Healthy IDEAS – Identifying Depression Encouraging Activities with Seniors
 - State Funding (OAA Title III-B/general)
 - Elderly waiver (Medicaid) funds for case managers

For more detailed information, please visit:

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx

Case Study

Camarillo Health Care District



- Support Line – OAA Title III-B
- Healthy IDEAS – OAA Title III-D
- Wellness & Caregiver Center of Ventura County – OAA Title III-E

For more information:

visit <https://www.camhealth.com/index.php>

or contact Sue Tatangelo, Chief Resource Officer, at

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State and Area Plans

- State & Area Plans are for a 2, 3, or 4 year period (determined by the State agency)
- Each AAA develops an Area Plan that's submitted to the State agency for approval

What the Older Americans Act (OAA) says:

→ *AREA PLANS*

Section. 306.(a)(6)(F) provide that the area agency on aging will- in coordination with the State agency and with the State agency responsible for **mental health** services, increase public awareness of **mental health** disorders, remove barriers to diagnosis and treatment, and coordinate **mental health** services (including **mental health** screenings) provided with funds expended by the area agency on aging with **mental health** services provided by community health centers and by other public agencies and nonprofit private organizations;



Financing Older Adult Behavioral Health Interventions through Medicaid

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State/Federal Partnership & the Medicaid State Plan

- Medicaid State Plan--
 - is a comprehensive written statement
 - describes the nature and scope of the Medicaid program
 - contains assurances that the program will be operated per the requirements of Title XIX of the Social Security Act and other official issuances
- Developed and amended collaboratively with CMS

Reimbursement Parameters

Section 1902(a)(30) of the Act requires that payment be consistent with efficiency, economy, and quality of care and sufficient to enlist enough providers so that care and services are available under the plan to at least the extent that such care and services are available to the general population in the geographic area.

- Reimbursement is made for Medicaid covered services to Medicaid-eligible participants;
- Services must be documented;
- Medically necessary;
- Medicaid eligible participants;
- Services provided by qualified Medicaid providers

Service Requirements

“Each [Medicaid] service must be sufficient in amount, duration, and scope to reasonably achieve its purpose.”
42 CFR 440.230(b)

Amount, Duration and Scope

- Must be a listed service
- Must be medical or remedial in nature
- Must be sufficient to achieve its purpose
- Appropriate limits may be imposed (i.e., utilization, prior authorization)
- May not arbitrarily deny or reduce amount duration or scope of mandatory services based on diagnosis, type of condition

Services

Section 1905(a) of the Act specifies: “Medical assistance means payment of part or all of the cost of the following care and services...”

Mandatory Services

- Inpatient/outpatient hospital care
- Physicians services
- Nurse midwife services
- Pediatric & family nurse practitioner services
- Federally qualified health center/Rural health clinic
- Lab and x-ray
- Prenatal care
- Family planning
- Skilled nursing facility, age 21+
- Home health care
- EPSDT
- Medical and surgical dental services
- Vaccines for children
- Tobacco cessation, pregnant women

Optional Services

- Licensed practitioners
- Private duty nursing
- Nurse practitioner
- Clinic
- Dental
- Physical; occupational; speech, hearing, language therapies
- Prescribed drugs
- Prosthetic devices, dentures, eyeglasses
- Diagnostic, screening, preventive
- Rehabilitative
- Case management
- Respiratory care
- Inpatient hospital services to individuals age 65+ in an Institution for Mental Diseases (IMD)
- Nursing facility services, under age 21
- ICF/IDD
- Inpatient psychiatric, under age 21
- Hospice care
- Personal care
- Transportation, emergency and critical access hospitals
- Optometric
- End-stage renal
- Preventive

Optional State Plan Services Continued

- Free-standing birth centers
- Health Homes for Enrollees with Chronic Conditions [ACA section 2703]
- Benchmark benefit plans
- 1915(i) Home & Community Based Services
- 1915(j) Self-directed personal care
- 1915(k) Community First Choice

New Service Options



- ➔ The Affordable Care Act provides new state plan and grant opportunities that include opportunities to address mental health and/or substance use disorders
 - Offers new option for integrating services for complex, high cost populations
 - Offers new/improved HCBS State Plan options
 - Offers enhanced FMAP to help states modify delivery systems

Health Homes

- Option for individuals with multiple chronic conditions or Serious Mental Illness
- Coordinated, person-centered care
- Primary, acute, behavioral, long term care, social services = whole person
- Consultation with SAMHSA required
- Enhanced FMAP (90%) is available for the health home services (first 8 quarters)

Programs Waiving Certain Medicaid Statutory Provisions: “Waivers”

- 1915(a)
- 1915(b)
- 1915(c) and 1915(i)
- Section 1115(a)



Medicaid's Flexibilities Support State Efforts to Serve Older Adults in the Community

For More Information

Medicaid Websites

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information>

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Financing for Evidence-Based Depression Programs for Older Adults

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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/improve-health/center-for-healthy-aging/>
- AOA Evidence-based Disease and Disability Prevention Program:
http://www.aoa.gov/AoA_programs/HPW/Evidence_Based/

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 (local/state levies/taxes)
- University research and education grants
- Non-profit organizations (discretionary funds)

PEARLS Example: Washington State HCBS and Medicaid

- Medicaid State Plan:
 - Coverage for Major Depression Only
- Medicaid HCBS 1915-c Waiver
 - All beneficiaries screened for depression
 - Prevalence of depressive symptoms-LTC: 60%
 - 1/3 of depressed clients taking antidepressants
 - Client Training Service: skills to address minor depression through PEARLS

PEARLS Example: Washington State HCBS and Medicaid

- Waiver unit cost based on pilot by King County AAA
 - Infrastructure needed/cost included:
screening, supervision, travel
 - Population density supports economic model
- Depression Care Management through PEARLS and Washington State 1915-C Medicaid Waiver
 - Washington Medicaid (1915-c Waiver):
<http://www.nashp.org/webinars/supporting-behavioral-health/lib/playback.html>

Healthy IDEAS Example: Harris County, TX

United Way Support



- Several Non-profit United Way Providers provide case management and are part of a coordinated access network through Care for Elders partnership (www.careforelders.org)
- Sheltering Arms Senior Services Division of Neighborhood Centers, Inc,
 - Catholic Charities –Archdiocese of Galveston-Houston
 - Family Services of Greater Houston

Healthy IDEAS Example: Harris County, TX



Collaborative Training & Coaching Support

- Foundation and AoA grant support for initial work to establish program, embed depression into routine programs within each agency, establish data system
- Joint required training of program supervisors and staff across multiple agencies
- Clinical coaching done through local academic partners through reciprocal agreements

Healthy IDEAS Example: Harris County, TX



Collaborative Training & Coaching Support (continued)

- Access Network meets regularly and booster training occurs collaboratively as well
- Tracking of depression outcomes supports ongoing support from United Way



Florida BRITE Project Sustainability

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Florida BRITE Project



- Statewide Older Adult Initiative
- Brief Intervention, & Treatment for Elders
- Early Identification & Response to Elder Substance Misuse & Related Problems
- Evidence-Based SBIRT Model Approach
 - Screening (& Assessment)
 - Brief Intervention
 - Referral & Treatment
- Statewide Standardized Protocols & Training

FL BRITE Project Implementation



→ Initial Implementation

- 4 Pilot Sites
- State Substance Abuse & Mental Health Program Office
- State General Revenue Funding

→ Implementation Expansion

- 21 Total Sites
- SAMHSA Funded Grant

FL BRITE Statewide Sustainability Survey



- **Conducted Prior to End of SAMHSA Funding Grant Cycle**
(September 2011)
- **19 of 21 Agencies Responded**
- **Results Regarding Projected Continued Funding**
 - 14 Agencies - No or Unsure of Available Funding
 - 7 Agencies - Other Funding
 - 1 Agency - County Funding
 - 1 Agency - Bill Medicare
 - 1 Agency - Bill Other Insurance
 - 1 Agency - Private pay

FL BRITE Actual Sustainability



→ Remaining BRITE Sites

- 5 Remaining BRITE Programs Statewide – Full Fidelity

→ Current BRITE Site Funding

- 4 Agencies - State Funding (*SA/MH Block Grant*)
- 1 Agency - County Funding
- 1 Agency – Grants (*Foundations & United Way*), Donations & Private Pay
- Agencies using Graduate Interns

FL BRITE Experience: Other Sustainability Efforts

→ Current “Unfunded” BRITE Sites’ Programming

- 1 Agency – Pre-Screening
- 1 Agency – Depression Screening Only Hospital-wide
- 1 Agency – Still Uses Motivational Interviewing & Health Education

→ Practice Integration

- Internal
- External Partners

→ Untapped Aging Network & Medicaid Funding

- Older Americans Act & Medicaid Waiver Funding

→ Sustainability & Business Planning Prior to Program Inception

- Value Added / Outcome Measurement
- Cost Benefit Analysis
- Marketing

Other Funding / Sustainability Considerations

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	\$48.00

Common / Applicable Behavioral Health Billing Codes

CPT Code	Description
90801	Diagnostic interview
90804	Individual psychotherapy, 20–30 minutes
90806	Individual psychotherapy, 45–50 minutes
90847	Family psychotherapy with patient present
90846	Family psychotherapy without patient present
90849	Multiple-family group psychotherapy
90853	Group psychotherapy

Webinar Wrap Up



→ *SAMHSA-NCOA Lessons Learned on Sustainability of Older Adult Community Behavioral Health Services*

www.ncoa.org.

- Sustainability Framework identifies factors and strategies to select, finance and maintain evidence-based programs.
- Resource Guide outlines potential financing sources

Webinar Wrap Up

Older American Act (OAA) Behavioral Health Funding

- Title IIIB Supportive Services and Senior Centers Program
- Title IIID Disease Prevention and Health Promotion Services Program
- Title IIIE National Family Caregiver Support Program
- Section. 306.(a)(6)(F) *AREA PLANS* outlines role of State Units and Area Agencies on Aging in mental health including public awareness, screening, service provision and coordination.

Webinar Wrap Up

Medicaid Supports State Efforts to Finance Older Adult Behavioral Health Interventions

- Mandatory and Optional Services
- Optional State Plan Services including 1915 Waivers for (i) Home & Community-based Services; (j) Self-directed Personal Care, and (k) Community First Choice
- New Service Options for integrating services, HCBS State Plan Options, Enhanced FMAP funding to help states modify delivery systems
- Health Homes Option for individuals with multiple chronic conditions or Serious Mental Illness; enhanced FMAP financing

Webinar Wrap Up



Financing Evidence-based Depression Care in Aging & Other Community Services

- PEARLS and Healthy IDEAS Models
- Many Sources: Federal, State, Local, Private
- PEARLS in Washington State: Medicaid financing
- Healthy IDEAS in Texas: United Way and Older Americans Act financing

Webinar Wrap Up

Financing Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Alcohol /Medication Misuse

- BRITE: Florida adaptation of SBIRT for older adults
- BRITE sustained with State funds (SA/MH Block Grants), local grants, graduate interns
- SBIRT sustained in many states with commercial insurance, Medicare, Medicaid, and grants

Questions and Answers



Please send questions via WebEx Chat

Older Americans Behavioral Health Webinar and Issue Briefs Series

Older Americans Behavioral Health Webinar
and Issue Briefs Series are available on AoA,
NCOA, NASUAD and NASMHPD websites



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