

IOWA COALITION ON MENTAL HEALTH AND AGING

Policy and Administration Workgroup



PRIMARY GOALS

- Make mental wellness a priority issue for policy makers
- Make mental wellness a priority among program administrators

OBJECTIVES

- Establish the business case for aging and mental health issues
- Support policies & programs that advance education & training
- Support policies & programs that advance outreach & clinical services



Education & Training Workgroup Primary Objectives

- Promote mental wellness among older Iowans
- Increase the number of mental health providers who are qualified to treat older Iowans
- Integrate qualified mental health service providers into usual places of care delivery

Support policies & programs that advance outreach & clinical services

- Establish primary care – mental health care collaborative models
- Collaborate with primary care, aging services, residential care facilities, and home and community-based services
- Encourage continuity of care between inpatient and community-based services/preventive services



Support policies & programs that advance outreach & clinical services

- Document successful behavioral interventions-evidence-based for the reimbursement stream
- Develop health networks linking mental health providers and rural populations to primary care, public health, substance abuse programs, and nursing care



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National Initiatives

H.R. 3162 – Children’s Health and Medicare Protection Act of 2007, Introduced by Rep. John Dingell on 7/24/07, Passed by U.S. House 8/1/07 (NO ACTION IN THE SENATE)

Highlights:

- Gradually provides parity between Medicare mental health services and services for physical conditions;
- 5% increase for Medicare Part B payments to social workers and psychologists;
- 0.5% increase in current physician payment system, impacting mental health providers;



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Highlights (H.R. 3162 continued):

- Medicare reimbursement to services provided by marriage and family therapists;
- Authorizes new benefits for preventive items and services, including mental health services;
- Include benzodiazepines in required coverage under Medicare Part D prescription drug program;
- Reduce over-payments to private Medicare Advantage (MA) plans, charges limited to costs under original Medicare plan;

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Highlights (H.R. 3162 continued):

- Discounted premiums via the Extra Help program for low income participants (Medicare Savings Plan and Part D);
- Access to improved drug formularies for name brand and generics;
- Prevention of marketing fraud by Medicare Advantage plans



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National Initiatives

H.R. 1663 – Medicare Mental Health Modernization Act, introduced by Rep. Pete Stark, Chair Health Subcommittee of House Ways and Means with Co-sponsors Rep. Patrick Kennedy and Rep. Jim Ramstad
(NOT VOTED ON IN HOUSE, NO SENATE COMPANION BILL)

Highlights:

- Reduce Medicare's 50% co-payment for mental health care to the 20% level charged for most other Part B medical services;
- Eliminate the 190 day lifetime cap for inpatient services;
- Add intensive residential mental health services to Medicare, including crisis services, psychiatric rehabilitation, substance abuse intervention, and other non-institutional mental health care

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Highlights (H.R. 1663 continued):

- Cover intensive outpatient services, including psychiatric rehabilitation; assertive community treatment; intensive case management; day treatment for individuals under 21 years of age; and ambulatory detoxification;
- Expand the types of mental health professionals eligible to provide services through Medicare;
- Correct a legislative oversight to permit direct payment under the Medicare program for clinical social worker services provided to residents of skilled nursing facilities;



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Highlights (H.R. 1663 continued):

- Require the Secretary of the Department of Health and Human Services to conduct a study to examine whether the Medicare criteria to cover therapeutic services to beneficiaries with Alzheimer's Disease and related cognitive disorders discriminates by being overly restrictive.

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National Initiatives

H.R. 1669 – Positive Aging Act of 2007, introduced by Rep. Patrick Kennedy, to amend the Public Health Service Act. (Also S. 982, Introduced by Senator Clinton, 4/23/07)

(INTRODUCED IN BOTH HOUSES, NO ACTION TAKEN)

Highlights:

- Provide grants to states to integrate mental health services in primary care settings;
- Fund community-based mental health treatment outreach teams;
- Designate a Deputy Director for Older Adult Mental Health Services within the Center for Mental Health Services;
- Targeted funds for substance abuse in older adults, homeless, and rural older adults.

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National Initiatives

House/Senate Omnibus Package 12/19/07 – 2.2% overall increase in OAA funding. Title IV funds shifted to Title II - Choices for Independence, Title III is stable. These changes may impact mental health initiatives.

Older Americans Act as Reauthorized September 30, 2006

Highlights:

- Title IV – Activities for Health, Independence, and Longevity, grants to states for rural caregivers, especially for Alzheimer's patients, creating awareness of organic brain syndromes, depression, and the need for mental health care for older adults;
- Funding for mental health screening, prevention, treatment services, planning for Boomers, and multidisciplinary centers for mental health screening;



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Older Americans Act as Reauthorized September 30, 2006

Highlights (continued):

- Title III – Grants for State and Community Programs on Aging, funding for mental health outreach/screening, health education, counseling, preventive assessments and health screenings;
- Priority for persons caring for MR, DD and persons with Alzheimer's Disease.

Congress has not passed the 2008 budget bill funding amounts pending



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National Initiatives

Institute of Medicine has suggested the following to be included in the Fiscal Year 2008 Labor/HHS Appropriations bill:

The Committee provides \$1 Million for a study by the Institute of Medicine of the National Academy of Sciences to determine the multi-disciplinary mental health workforce needed to serve older adults. The initiation of this study should be not later than 60 days after the date of enactment of this Act, whereby the Secretary of HHS shall enter into a contact with the Institute of Medicine to conduct a thorough analysis of the forces that shape the mental health care workforce for older adults, including education, training, modes of practice, and reimbursement.

Funding may be impacted by 1.747% across-the-board spending cut by the Administration.



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State Initiatives

- Coalition conducts 4 regional Outreach Sessions:

September 5, 2007: Council Bluffs and Sioux City

September 18, 2007: Waterloo and Dubuque

Message: outlined the work of the coalition, needs, demographics, opportunities for collaboration, and activities that support the Outreach and Clinical and Educational and Training workgroups.

Participants encouraged additional outreach sessions in other parts of the state.



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State Initiatives

- Alzheimer's Task Force Recommendations: To be issued to the 2008 Legislature
Coalition did present at session #3 November 19, 2007. Issues included emergency mental health resources and safety net for older Iowans and the development of a core geriatric mental health training program for community mental health staff.
- State's Mental Health Systems Improvement Bill, establishes 6 workgroups and a final draft of the Steering Committee Members and Technical Advisors was issued December 3, 2007 by Allen Parks.
- Contact with the Governor's Office (October 25, 2007) detailing the work of the coalition.



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State Initiatives (continued)

- Continue letter writing in support of Federal initiatives, attending caucus meetings, and planning for the 2008 Iowa Legislative Session
- Iowa Coalition on Mental Health and Aging Legislative Breakfast, to be held January 31, 2008, 7:00-9:00 am, Legislative Dining Room 15
 - Present goals of Coalition
 - Present local/regional data
 - Request support for Coalition initiatives