



National Coalition on Mental Health and Aging

Draft Meeting Minutes

March 10, 2017

Welcome and Update

Kimberly Williams, NCMHA Chair and Geriatric Mental Health Alliance of New York Representative, called the meeting to order and welcomed the 18 members present onsite and the 14 members via who joined via conference call. The minutes from the November 30, 2016 meeting were reviewed and approved.

Kim Williams announced that Bob Rawlings, the former Oklahoma representative to NCMHA, and a pioneer in the development of mental health and aging coalitions nationwide, will receive the Mental Health and Aging Award at the upcoming Aging in America conference. Congratulations to Bob!

Update on New Administration and Mental Health and Aging Policy

Joel Miller, Executive Director, American Mental Health Counselors Association, began his policy update with one of President Obama's last major acts as President, "21st Century Cures Act (Cures)." It was bipartisan legislation to promote health research, funding for the opioid epidemic, and improvements in care for those with serious mental health issues. Congress provided only limited funding increases in the bill and ultimately added Medicare cuts to offset new spending under the bill. Cures will make significant investments in research into Alzheimer's disease, brain disorders, cancer, and opioid addiction. The bill did contain mental health reform legislation ([HR.2646/S.2680](#)), so there are a great many provisions that address mental health concerns. Many health advocates criticized Cures for cutting ACA's prevention services, Medicaid and Medicare. However, it does provide \$4.8 billion outside of the budget caps for initiatives at the National Institutes of Health for fiscal years 2017-2026, including \$1.8 billion for cancer research, \$1.56 billion for the [BRAIN initiative](#) and \$1.4 billion for the Precision Medicine Initiative. It also authorizes the Minority Fellowship Program at \$12.7 million to train culturally competent minority mental health professionals, reauthorizes the Graduate Psychology Education Program at \$15 million, and eliminates the Medicaid "same day" exclusion, which prohibits separate payment for mental health and primary care services provided to a Medicaid enrollee on the same day. This change will especially benefit individuals in rural areas. Cures also strengthens the enforcement of mental health parity requirements by directing the Department of Health and Human Services to produce, in coordination with stakeholders, an action plan for improved federal and state coordination, and to issue new guidance to health plans to assist them in complying with existing requirements.

Most all of these provisions provide no additional funding and will require future appropriations bills by Congress. Cures also contains a large number of program reauthorizations, all of which require separate appropriations legislation in the next Congress to turn into reality. There are a number of

reauthorizations within the mental health area that would extent or expand current activities including reimbursement for the mental health counseling profession.

The House Republican leadership has unveiled their replacement plan for the Affordable Care. The new measure, called “The American Health Care Act,” has been the focus of intense negotiations among different factions of the Republican Party and the Trump administration since January. The Trump White House is supporting the bill. There is a ways to go in negotiating on a plan within the Republican House and Senate caucus. Ultimately conservative Republicans will have to get on board or see their first legislative promise and priority die until next year. Already, four Republican Senators in states that have expanded Medicaid (Ohio, West Virginia, Colorado, and Alaska) have said they will not vote for any bill that does not provide “stability and certainty” as well as an orderly phase-in to any new Medicaid program. Other conservative Senators and House members are complaining that this new plan is just “Obamacare Lite” or “Obamacare 2.0.” The bill drastically cuts tax credits for the oldest and poorest Americans, while giving the upper class a major tax break. It also rolls back the Medicaid Expansion program that 31 states have adopted and eliminates the individual mandate, which required everyone to purchase health insurance or incur a financial penalty. But many of the changes are being phased-in to try to soften potential political fall-out and voter anger prior to the 2018 mid-term election. A big difference is that this recent draft does not include a tax on employer-based health insurance. The draft repeals the “Cadillac” tax – an ACA provision that taxed expensive employer sponsored health insurance plans offered to workers – for ten years. Perhaps the biggest difference from other GOP leadership measures that have leaked, is that the Medicaid Expansion program that went into effect in 2014 could continue enrolling people through 2019, and new states could join in. But new enrollment under the expansion would cease at on January 1, 2020.

Two key provisions remain but in a new form. The legislation would keep the ACA’s provisions allowing adult children to stay on their parents’ health insurance plan until age 26 and prohibiting insurers from charging people with preexisting medical conditions more for coverage as long as they don’t let their insurance lapse. But in this case, the Republicans want it both ways on pre-existing conditions. The guarantee of coverage continues but the health insurance mandate is gone. Only a one-year 30 percent late enrollment penalty would apply. If it ends up that only people with medical conditions apply for health insurance and healthy people continue to go uninsured it would be a problem and several health insurance plans have already exited the health insurance exchanges over the last year.

Here are Four Key Things to Know Now:

1. Tax Credits Will Decrease Overall (But Especially for the Poor and Elderly)
2. Pre-Existing Conditions Will Be Grounds for Costlier Insurance Again
3. Older Americans Will Pay More
4. The Medicaid Expansion Will Be Phased Out

Under ACA, tax credits were provided to 85 percent of people enrolled in the health insurance exchanges, and the amount of the subsidy was determined based on income level, geographic region, and age. The amount of the tax credit in the House bill is based exclusively on age: The older you are, the more you get per month (though still less than you would get under the ACA). The rationale is that older people have higher health care costs than the young, though of course this is not always the case. A non-profit Kaiser Family Foundation (KFF) report found that older Americans will receive significantly less help paying for their premiums, as will the poorest young Americans. Americans earning \$40,000 to \$75,000, on the other hand, are the winners – their subsidies will increase – based on KFF’s projections.

Under the ACA, insurers could not discriminate against people with pre-existing conditions like cancer, diabetes, or heart disease. The GOP plan does away with this popular component and institutes a continuous coverage provision. Based on the latest House measure, those individuals with lapses in

health insurance cannot be denied coverage, as in previous iterations of the GOP plan. But they can be charged more, starting in 2019 (or 2018 for those gaining coverage during a special enrollment period).

Older consumers would pay more for coverage under the GOP plan. The oldest Americans on the individual health insurance market are 64, just shy of the Medicare eligibility age of 65, and under the Affordable Care Act they can be charged no more than 3 times what a 21-year-old person would pay. The Republican plan would broaden the age bands, as these rate limits are called, to 5 to 1, allowing health plans and insurers to charge the oldest consumers five times more than younger ones. Moreover, the proposal would give the states the latitude to broaden those limits even further or to constrict them back to 3 to 1 or another level. Adults between the ages 60 – 64 will be paying the most. Older Americans would get hit with a double whammy: not only could their health insurance premiums increase, but the restructured tax credits would not go as far as those under the Affordable Care Act in subsidizing the insurance premium cost.

The Republican plan also includes a phase out of the Medicaid Expansion program. About 11-12 million people have received health insurance coverage through the Medicaid Expansion program since it went into effect in 2014. One of the only ways to pay for the Republican health subsidies and cut taxes the ACA imposed on the wealthy is to cut off federal Medicaid funding. States will be allowed to continue to enroll people into Medicaid until 2020. Then, it will freeze, and no other enrollees can be added. The thinking is that people will eventually drop out of the program as they earn more money. The states will receive 90% of Medicaid coverage from the Federal government until 2020. Going forward, the federal government would give the states per-capita payments to pay for the program rather than the open-ended funding they have been getting for the program.

The Director of National Drug Control Policy Michael Botticelli said, "ACA created the largest expansion of mental health and substance use disorder coverage in a generation." HHS estimates 60 million people with mental illness and substance abuse disorders received coverage under plans covered by the ACA. Mental health is now an "essential benefit" covered at same level as other medical care for 22 million people in exchanges and Medicaid expansion. Care for people with pre-existing conditions, includes mental illness. The uninsured rate for adults with "serious psychological distress" dropped from 28.1 percent in 2012 to 19.5 percent in the beginning of 2015. Full repeal would cut off millions from mental health and substance abuse treatment. Funding for out-patient mental health care could disappear. All advocacy eyes are on Medicaid with the Block grants' new formula (per capita) and the current state spending v. formula fights among the states. It is likely impossible to restore the old program once it is block granted. There is also a possibility that we may see a rollback of Medicaid expansion dollars.

Joel, in response to a question noted that there is very little discussion of the provision of mental health services to older adults. All attention is on Repeal and Replace the Affordable Care Act.

Joel's PowerPoint presentation was distributed to members. If you would like a copy, contact Alex Watt at awatt@apa.org.

The Leadership Council of Aging Organizations Priorities in the New Administration

Barbara Gay, Vice President for Public Policy Communications at LeadingAge was invited to NCMHA to present the Leadership Council of Aging Organizations (LCAO)'s priorities in the new administration. LCAO was established in 1980 and consists of 71 not-for-profit, national organizations (many members overlap with NCMHA members). To become a member, the well-being of older people must be the organization's primary agenda. Organizations must represent or be comprised of older people, aging services providers or research groups. Member organizations include service providers, unions, consumers, and researchers. Members don't always see eye-to-eye but that is often an advantage in advocacy as many viewpoints are represented and understood. LCAO's vision is to strengthen public

and private initiatives to meet the needs of aging Americans and promote thoughtful and rational policy changes where necessary. They want to eliminate discrimination and have policymakers and others recognize the diversity of the elder population, including people who are frail and need services, as well as, those who are employed or who volunteer.

LCAO's priorities are: health care and long-term services and supports (e.g., Medicare/Medicaid); income security (e.g., Social Security, pensions); and, community services (e.g., nutrition, transportation, homemaking, and help with ADLs). Related to health and long-term services and supports, LCAO is opposed to Medicaid transformation through block grants or per capita caps. In 2020, each state will receive the same amount of funding as they did in 2016 based on the allocations of what states spent on health care in 2016. However, the numbers on which those budgets are based on are quickly becoming out of date. Half of those aged 80+ need long-term services and support (LTSS) and/or nursing home care. Even if states start "younger" in 2016, they will age and yet the funding would remain the same. They also work to retain Medicaid expansion, especially for people aged 55-64. This population, prior to ACA, had spotty coverage. ACA made a big difference. In the past, people would enter into Medicare much sicker. Many who had lost jobs were unable to afford premiums on the open market and therefore went without insurance. The proposed transformation of Medicaid program eliminates an open-ended approach to fund services for low income families and individuals. LCAO is also working with Generations United to prevent pitting one group vs. another for dwindling Medicaid monies.

LCAO also opposes Medicare premium support and an increase in Medicare eligibility age. They want to retain the ACA provisions for closing the drug doughnut hole and for preventive care. There are many, many, important provisions currently in ACA that need to be protected such including the Prevention and Public Health Fund (which addresses falls and chronic health conditions); improved access to home- and community-based services (such as Community First Choice and Independence at Home); enhanced Medicare Advantage plan affordability (LCAO is concerned that reforms of ACA related to Medicare Advantage will go away); demonstration projects on Medicare and Medicaid integration; combating elder abuse; and improving the quality of long-term care. Barbara noted that it is interesting that House Speaker Paul Ryan chose not to put Medicare reform in the current legislation, perhaps it was because he knew it would face big opposition.

Other Medicare issues LCAO is focused on include: allowing the CMS to negotiate prescription drug prices (which President Trump supported during the campaign); capping out-of-pocket costs under traditional Medicare; updating Part B enrollment to remain in sync with rising retirement ages; improving access to affordable supplemental insurance; funding Medicare State Health Insurance Assistance Programs; eliminating 3-day inpatient hospital stay required for coverage of post-acute care (this causes many older adults who are classified in "observation status" rather than as an "inpatient" during a brief hospital stay are then ineligible for Medicare when they are discharged to post-acute care); and, coverage of oral health, eyeglasses and hearing aids (each of these are relatively inexpensive and would save money in the end).

The Older Americans Act (OAA) is a bedrock set of services for older people. If you want individuals to stay in their community, it is important to provide community-based supports which are often cheaper than long term care. Currently, OAA is a flexible source of funding which states can use to provide services including congregate and home-delivered meals, transportation, personal care and homemaker services, caregiver assistance, long-term care ombudsmen, or Alzheimer's Disease initiatives. The OAA is subject to annual appropriations as it is non-defense discretionary funding under HHS. It is a very large bill. The last time it was authorized was in 2006 as a continuing resolution (CR) which is typically the vehicle. The OAA has not received a funding increase since 2010 and usually receives \$1.7 billion annually. Perhaps in this political climate, a CR would be a good thing. If we are going to increase defense by \$50 billion, the size of the corresponding cuts we are faced with are frightening.

Another major issue is Social Security. Currently more than 60 million Americans receive Social Security benefits, without which 41% of people aged 65+ would be living in poverty. LCAO calls for use of a chained Consumer Price Index (CPI-E) to compute annual retirement benefit cost of living adjustments (COLA) instead of CPI. CPI does not reflect what older adults really spend their money on, which is mainly health care, not housing and consumer goods. LCAO supports increased funding for the Social Security Administration administrative expenses to improve customer service. Most agencies are moving to on-line, digital assistance. However, the current generation of older adults do best with face-to-face advisors. LCAO also supports combining the retirement and disability trust funds. Lastly, LCAO would like to see: income and asset eligibility criteria be updated for Supplemental Security Income; support for defined benefit pension plans; support for the Obama Administration fiduciary rule to protect workers investing for retirement; and a tax credit for family caregivers.

Barbara shared samples of recent letters to the new Administration as well as LCAO issue briefs on Repealing the ACA. Her PowerPoint presentation was distributed to members. If you would like a copy, contact Alex Watt at awatt@apa.org.

Kim thanked Barbara for her presentation and said NCMHA will explore a mechanism by which NCMHA maintains connections and communications with LCAO and other groups such as the Mental Health Liaison Group and the Eldercare Workforce Alliance.

NCMHA's Working Committee Reports

Membership Development: Viviana Criado reported that the coalition has seen an increase in membership and retention due to the outreach activities of the committee. They will utilize the new website to promote NCMHA to other potential members.

Website Development: Marcia Marshall reported on the development of the new [NCMHA website](#) by Mental Health America and NCMHA. The site uses the WordPress platform and will be going live in April. Take a look! Kim offered a big thank you to MHA for their work on our website.

Public Awareness: Debbie DiGilio reported that there were no updates but the committee needs members and a chair. She announced that May is both Older Americans Month and Mental Health Awareness Month and welcomed members to share the events and promotions that their organizations will be doing throughout the month and NCMHA will promote.

Coalition Development: Mike O'Donnell shared that the [National Association of State Mental Health Program Director's State and Local Mental Health and Aging Coalition Survey Response Analysis report](#) was published in December 2016.

Kim thanked the Working Committees and asked other members who are interested in participating in any of the committees to contact the chair of the group.

Mental Health and Aging Policy Day at Aging in America Conference

Willard Mays provided an update on the upcoming Aging in America Conference. The Mental Health and Aging Network (MHAN) will provide two days of programming at the conference – a clinical day and a policy day. There will be a 90-minute Mental Health and Aging Policy session featuring Robyn Golden, Fred Blow, and AARP's and Lynn Feinberg, that will be based on the ASA journal article on what the new administration needs to know about aging. A 60-minute update by Edwin Walker at ACL and Brian Altman at SAMHSA, and a 60-minute Coalition Building Workshop by Viviana Criado and Michael O'Donnell will also be offered.

Appointment of a Nominating Committee

A Nominating Committee to recommend NCMHA Officers for 2017 – 2019 was appointed. The appointees are Chris Herman, Viviana Criado, and Alixe McNeil. The slate for Board openings will be presented at the next NCMHA meeting. Please contact the Nominating Committee to nominate yourself or someone else for a board position.

Letter of Support for Certified Older Adult Peer Specialists

NCMHA was asked by a number of its members to write a letter of support to CMS to request elimination of the funding barriers for peer-delivered services in the Medicare program and to support Certified Older Adult Peer Specialists. Initially, NCMHA planned to submit a letter of support, but it was raised by another member that NCMHA has never taken a position on specific legislation or authorizations related to a specific provider groups. NCMHA promotes broad policy issues and educates its member organizations on specific legislative and regulatory issues. Members are free to advocate directly through their own organizations. This distinction and NCMHA's policy on this issue will be discussed at our next meeting.

Member Updates

[Administration for Community Living](#) – Shannon Skowronski reported that they are at a point of transition and do not have a detailed update. They are working on an upcoming webinar with NCOA for Older Americans Month.

[American Mental Health Counselors Association](#) – Joel Miller reported they will be holding their annual conference, *Innovate and Advocate: Pathways to Clinical Excellence* on July 27-29 in DC. They will be conducting hill visits to advocate for Medicare reimbursement for the provision of services by mental health counselors. They are also developing standard for practice with older adults.

[American Psychological Association](#) – Debbie DiGilio reported that in February, APA sent a letter to the World Health Organization in response to their proposal to transfer all diagnoses for dementia from the Mental and Behavioral Disorders chapter of the ICD-11 to the chapter on Diseases of the Nervous System advocating against the change. On August 2nd in DC prior to the APA convention, an all-day pre-convention workshop, Assessment of Capacity in Older Adults, will be held. It is open to APA nonmembers and without conference registration. More information is [available](#).

[Center for Medicare Advocacy, Inc.](#) – Kathleen Holt reported that on March 30th they are going to hold their fourth annual National Voices of Medicare Summit and Senator Jay Rockefeller Lecture. The Summit will convene leading experts and advocates to discuss best practices, challenges, and successes in efforts to improve access to health care for older people and people with disabilities. They are also working on lack of access to home health services under Medicare for those with nonacute care needs (long term or complex care). The Center for Medicare and Medicaid Services has a very narrow interpretation of the scope of what people are entitled to.

Geriatric Mental Health Alliance of New York – Kimberly Williams reported that the final report of the Retirement Research Foundation grant that NCMHA received to provide guidance and leadership to eight state mental health and aging coalitions involved with long-term balancing efforts in their states, will be released soon.

[Illinois Community Coalition on Mental Health and Aging](#) – Mike O'Donnell reported that Charlotte Kauffman has retired from the Illinois DHS Division of Mental Health. Illinois has set a record having gone over 20 months without a state budget. The proposed budget would cut 40,000 clients from the

Community Care Program. Mental and behavioral health services will be flat funded. The State is waiting for a CMS review of its 1915 Waiver Application.

[Maryland Coalition on Mental Health and Aging](#) – Kim Burton reported they will be using Medicaid Rebalancing Funds to hire 5 regional geriatric mental health specialists whose positions will be within the Behavioral Health Administration of the Department of Health and Mental Hygiene.

[National Association of Social Workers](#) – Chris Herman reported they will be holding their first fully virtual conference, *Aging Through the Social Work Lens* on June 14-15. It will offer a wide variety of sessions relevant to any social worker who works with older adults. They also have conducted webinars on mental health and aging.

[National Association of State Mental Health Program Directors](#) – Christy Malik reported that they are convening group of experts for a one day one-day roundtable on peer support to advise on approaches to providing peer support services to dual eligible and other Medicare eligible individuals, and potential approaches to gaining Medicare coverage and reimbursement for community-based peer support services. For Older Americans Month, they will be co-hosting a webinar with SAMHSA titled, [Building Relationships between Mental Health and Aging Services](#). Kim Williams and Jo Ann Sirey will be presenting.

[National Association of PASRR Professionals](#) - Janet Spinelli announced that they will have a presentation at the Aging in America Conference on the new CMS rule for Long Term Care Facilities.

[National Council on Aging](#) – Marissa Whitehouse reported on NCOA’s National Falls Prevention Resource Center. More information is available [here](#).

[National Institute of Mental Health](#) - George Niederehe reported that on May 8-9, NIMH will be holding a workshop, [Novel Approaches to Understanding the Mechanisms of Neuropsychiatric Symptoms in Alzheimer’s and Advancing Therapy Development](#). Thirty clinical, behavioral science and neuroscience researchers will be invited to discuss the development of better behavioral and psychopharmacologic treatment approaches. The event will be livestreamed.

[North Carolina Mental Health, Substance Use and Aging Coalition](#) - Debbie Webster reported they have begun determining their priorities for the year. They are partnering with the North Carolina Institute of Medicine.

[Oklahoma Mental Health and Aging Coalition](#) - Karen Orsi reported that in Oklahoma there is no funding for older adult mental health. They are working on a number of projects including the development of a strategic plan, an older adult peer support specialty, and a statewide depression initiative for older adults.

[Pennsylvania Behavioral Health and Aging Coalition](#) - Deborah Allen reported they are offering a conference, *Issues of Substance Use and Medication Misuse of Older Adults* on May 1. This fiscal year they will be conducting the “Dementia Live Experience” program for caregivers in multiple sites.

[Psychologists in Long Term Care \(PLTC\)](#) - Craig Schweon introduced as the new Chair of PLTC and representative to NCMHA. He noted that they have an active public policy committee that advocates on behalf of policies promoting the availability and accessibility of ethical psychological services to older adults in long-term care settings. They also have student memberships and offer a student research award.

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) – Eric Weakly introduced himself as the new SAMHSA representative to NCMHA. He is a former member of NCMHA from Illinois. He noted that the Cures Act in section 90-12, includes dissemination of evidence based practices for older adults, and accompanying technical assistance. He recommended that NCMHA keep their eyes on this Act.

Virginia Geriatric Mental Health Partnership – Andrew Heck introduced himself as the new representative from the Partnership. This is the fifth year that the Partnership has received Virginia Center on Aging fund geriatric mental health training. Last year, three [webinars](#) were supported by the Partnership.

Kim Williams and Willard Mays completed the updates by informing the group that they had prior to this meeting met with Paolo del Vecchio, the Director of SAMHSA's Center for Mental Health Services (CMHS). As noted above, he has appointed Eric Weakly as the new SAMHSA liaison to NCMHA. The previous representative, Marian Scheinholtz has retired. They also spoke to Brian Altman, head of the Division of Policy Innovation. Kim and Willard were pleased with opportunities for increased opportunities with SAMHSA in the future.