VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
ADULT SERVICES DIVISION
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Senate Committee on Health and Welfare
Testimony on Vermont's Elders and Mental Health
January 25, 2017

Overview of ElderCare Clinician Program, a DAIL/DMH Collaboration:

DAIL collaborates with the Department of Mental Health in many ways to serve Vermonters, one being that both departments together oversee the ElderCare Clinician Program (ECCP) with the goal of providing mental health services to vulnerable and homebound elders who would otherwise not be able to receive treatment via an office-based setting. The program, created in 2000, is funded by a combination of Medicaid, Medicare, and commercial insurance revenue and a state general fund appropriation. At the local level, designated mental health agencies (DA) hire eldercare clinicians to provide the services and work closely with their local Area Agency on Aging (AAA) to identify elders in need to be referred to the program.

In state fiscal year 2016, 393 Vermonters age 60 and over received eldercare services via DAs, with the vast majority of services provided in the home and the most common diagnosis being Depression (45%) followed by Adjustment Disorder (24%). Over 5,000 hours of service were provided, including clinical assessments, individual and family therapy and medication management. The majority of referrals to the program came from the local AAAs, though some also came from other organizations such as the home health agency or the primary care practice.

Critical Issues:

Aging Population and Increasing Demand for Services: Elder mental health is a growing issue in Vermont as the population rapidly ages and the demand for counseling services and age appropriate treatments increases. According to census projections, by 2030 over 1 in 3 Vermonters will be age 60 or older and the population over 80 is expected to double. With growing awareness of mental health needs, increasing numbers of co-occurring disorders and substance abuse, people living longer with chronic disease and earlier detection of dementia and Alzheimer's, we anticipate that the demand for mental health services for elders and their families will continue to grow over the next decade. It is also critical that Vermont address its high suicide rate among elders (currently ranked 41st in the nation), and the need for specialized mental health services and treatments is an important component of this work.

As the population ages and demand for a variety of elder services increases, eldercare clinicians are finding themselves trying to assist their clients with much more than their mental health needs. As community service providers across the continuum of care reach maximum capacity, many are making difficult decisions to prioritize care to meet growing needs. Some elders who may not have the support of a dedicated case manager from another agency seek assistance from their eldercare clinician. This helps decrease their anxiety, which is important to their health and well-being, but was not part of the original purpose or design of this program and may not be the highest use of a clinician's limited time.

Funding Structure and Workforce Retention: Medicare is the primary insurance of most elders (78% of those served by the ECCP), but Medicare does not reimburse professional counselors for outpatient services and only recognizes psychiatrists, psychologists, clinical social workers and psychiatric nurses for outpatient mental health services. It is difficult for the DAs, given limited resources, to recruit and retain qualified LCSWs who can bill Medicare and are interested in fulfilling this unique counseling role. Thus, some designated agencies fill the position with counselors who can bill Medicaid but not Medicare, but they must then choose whether to subsidize the service or prioritize populations served. The state appropriation is meant to supplement this effort by providing the state Medicaid match plus additional funds, routed from the AAAs to the DAs, but it is not usually enough to cover all program costs, especially the intensive travel needed to provide in-home services. While every DA is tasked with providing eldercare services, it is challenging to find and keep qualified staff. Given these challenges, not all homebound elders who could benefit from eldercare services receive them.

Conclusion:

DAIL believes that the ElderCare Clinician Program meets a critical need in our Vermont communities, serving some of the most vulnerable homebound elders with needed services and supports they would otherwise go without. We recognize the interconnectedness between mental health, physical health and an elder's ability to remain independent and living in their own home. This work is an important component of our DAIL mission and our State Plan on Aging. Given the aging population and limited funding, community resources have not kept pace with demand, making it difficult for the program to carry out its purpose. We can expect the problems to grow in the coming years unless some of these challenges are addressed. One recommendation DAIL would like to consider is to explore possibilities around Medicare billing and determine if there are options that would allow other professional counselors to be reimbursed for the services provided.

Respectfully Submitted by:

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ElderCare Clinician Program (ECCP) Statewide Snapshot - January 2017

What is the ECCP?

The ElderCare Clinician Program began in 2000 and serves homebound Vermonters age 60 and older who have psychological, emotional, and/or physical barriers to accessing office-based mental health services.

Who is served and where? What are their needs?

In state fiscal year 2016, 393 elders were served (75% female, 25% male). Of those served, 36% were in the 60's, 35% in their 70's, and 28% were 80+. The vast majority were served in their homes (74%), though some were also served in other community settings (10%) or in an office (15%). The most common diagnosis is Depression (45%), followed by Adjustment Disorder (24%) and Alzheimer's/Dementia (17%). Many have co-occurring conditions.

Who provides the service?

Staff of eight designated mental health agencies provide services including clinical assessments, individual and family therapy and medication management. Most elders are referred to the designated agencies through the five Area Agencies on Aging in the state. (see lists below).

How is the program funded?

The program is funded by a combination of Medicaid, Medicare and commercial insurance revenue, the state general fund appropriation, and local agency funds. Medicare was the primary insurance for 78% of those served in 2016, followed by Medicaid at 49%. The designated agencies always bill insurance first if possible.

In State Fiscal Year 2016, the general fund appropriation was $235,423, which provides the state match needed for Medicaid billing plus supplemental funding that is managed at the local level between the agency on aging and the designated agency. Rarely does funding cover all program costs, so most agencies supplement with their own funds as well.

Designated Agencies Providing ElderCare:
Counseling Services of Addison County
Northwestern Counseling and Support Services
Howard Center
Healthcare and Rehabilitation Services of Vermont
Northeast Kingdom Human Services
Rutland Mental Health Services
United Counseling Services
Washington County Mental Health

Area Agencies on Aging:
Age Well
Central Vermont Council on Aging
Northeast Kingdom Council on Aging
Senior Solutions
Southwestern Vermont Council on Aging

Questions? Contact Angela Smith-Dieng, State Unit on Aging, DAIL, angela.smith-dieng@vermont.gov or 802-241-0309