Meeting Details

1. **Closed Captioning** is enabled and attendees can turn CC on or off as they desire.

2. **Interpreter Phone Number:** 305-224-1968  
   **Webinar ID:** 893 7134 1991  
   **Passcode:** 338133

3. **Session Evaluation** / **Take Our Evaluation Survey** (CE credit for live attendance only)

4. Webinar will be posted on NBCC website a few days following the webinar.

5. **Q&A:** Please add your questions in the Q&A box at any time during the meeting.
Previous Webinars

- MMHWC Webinar: The Role of Medicare Administrative Contractors: Enrollment to Payment
Previous Webinars

▪ Medicare 101: An Introduction to the Medicare Program and Coverage of Counselors and MFTs

▪ Medicare 201: The Implementation of Medicare Part B Coverage of Counselors and MFTs

▪ Medicare 301: Navigating the Medicare Provider Enrollment Process and Physician Fee Schedule

▪ Medicare 401: Assessing the Essential Features of the 2024 Medicare Physician Fee Schedule Rule and Implications for Counselors and MFTs

▪ Medicare 501: New Engagement Opportunities for Community Behavioral Health Centers With Counselors and MFTs Under Medicare

▪ Medicare 601: The Enrollment Process for Counselors and MFTs
# Medicare Mental Health Workforce Coalition Members

<table>
<thead>
<tr>
<th>American Association for Marriage and Family Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Counseling Association</td>
</tr>
<tr>
<td>American Mental Health Counselors Association</td>
</tr>
<tr>
<td>Association for Behavioral Health and Wellness</td>
</tr>
<tr>
<td>California Association of Marriage and Family Therapists</td>
</tr>
<tr>
<td>Centerstone</td>
</tr>
<tr>
<td>Center for Medicare Advocacy</td>
</tr>
<tr>
<td>Michael J. Fox Foundation for Parkinson’s Research</td>
</tr>
<tr>
<td>National Association for Rural Mental Health</td>
</tr>
<tr>
<td>National Association of Community Health Centers</td>
</tr>
<tr>
<td>National Association of County Behavioral Health and Developmental Disability Directors</td>
</tr>
<tr>
<td>National Board for Certified Counselors</td>
</tr>
<tr>
<td>National Council for Mental Wellbeing</td>
</tr>
<tr>
<td>National Council on Aging</td>
</tr>
<tr>
<td>Network of Jewish Human Service Agencies</td>
</tr>
<tr>
<td>The Jewish Federations of North America</td>
</tr>
</tbody>
</table>
Erin Emery-Tiburcio, PhD, ABPP

Erin Emery-Tiburcio, PhD, ABPP, is a professor of psychiatry, behavioral sciences, and geriatric medicine and director of geropsychology at Rush University Medical Center. She is also codirector of the Rush Center for Excellence in Aging; codirector of CATCH-ON, the HRSA-funded Geriatric Workforce Enhancement Program based at Rush University Medical Center; and codirector of the E4 Center of Excellence for Behavioral Health Disparities in Aging. She is past chair of the American Psychological Association Committee on Aging and past president of the Society for Clinical Geropsychology, and she currently cochairs the APA taskforce to revise the APA Guidelines for Working with Older Adults. Dr. Emery-Tiburcio was recently awarded the 2024 APA Award for Distinguished Professional Contributions to Independent Practice.
Matthew Fullen
PhD, M.Div., LPCC (OH)

Matthew Fullen, PhD, M.Div., LPCC (OH), is an associate professor at Virginia Tech, where he teaches in the counselor education program. His research, teaching, and advocacy focus on the mental health needs of older adults with an emphasis on addressing gaps in Medicare mental health policy and developing programs to enhance resilience and wellness and prevent suicide among older adults. Dr. Fullen is the counseling profession’s most active scholar on aging and mental health, with over 40 peer-reviewed publications and over 95 peer-reviewed conference presentations and keynotes. He has received research grant funding from public and private entities, including the U.S. Department of Health & Human Services and the Mather Institute, to develop programs that support older adults’ mental health. More information about his work can be found at agewellcounseling.org.
Older Adult Mental Health 101

Erin Emery-Tiburcio, PhD, ABPP
Professor, Rush University
Director, Geropsychology
Co-Director, Rush Center for Excellence in Aging, E4 Center, CATCH-ON

Matthew Fullen, PhD, MDiv, LPCC (OH)
Associate Professor of Counselor Education
Virginia Tech
E4 Center of Excellence for Behavioral Health Disparities in Aging

Engage, Empower, and Educate health care providers and community-based organizations for Equity in behavioral health for older adults and their families across the US.

To learn more, please visit e4center.org
E4 Center: Engage, Educate & Empower for Equity
Learning Objectives

• Recognize risk factors for mental health problems in older adults
• Identify barriers to diagnosis and treatment
• Characterize unique presentations of mental health disorders in older adults
• Employ evidence-based assessments and treatments
Barbara*

• 74yo African American woman with depression
• COVID, race protests, insurrection
  • What Matters
  • Mobility
  • Medication
  • Mentation

*pseudonym, not her actual photo
Older adults with mental health issues are *more* likely than younger adults to have:

- Functional impairment\(^1\),
- Poor mobility\(^2\),
- Symptom burden\(^3\)
- Longer hospital stays\(^4\)
- Health issues that put them at risk for loneliness\(^5\)

\(^1\)Haigh et al, 2018; \(^2\)Lampinen et al, 2003; \(^3\)Abdel-Kader 2009; \(^4\)Myers et al, 2012; \(^5\)Ilgen et al, 2010
Older adults are less likely than younger adults to:

• Pursue or engage in mental health\textsuperscript{1} or SUD\textsuperscript{5} treatment
• Survive a suicide attempt\textsuperscript{4}
• Receive adequate services\textsuperscript{2} especially if Black or Latino\textsuperscript{3}

\textsuperscript{1}Wang et al 2000; \textsuperscript{2}Bartels et al 1997; \textsuperscript{3}Jimenez et al 2013; \textsuperscript{4}SAMHSA, 2015; \textsuperscript{5}Huang et al, 2013
Depression
NOT a normal part of aging.
Depression

- Unique presentation in later life
  - Less likely to report depressed mood
  - More likely: Anhedonia, sleep\(^4\), fatigue, being slowed down, hopelessness, overall body aches and pains, and memory problems\(^1\)

- “Minor” or subsyndromal depression
  - ~15% in the community\(^2\)
  - Associated with decreased function in later life\(^3\)
  - CBT self-help interventions effective\(^5\)
  - Chronic minor depression triples risk of dementia\(^6\)

\(^1\)Fiske, Wetherell, & Gatz, 2009; \(^2\)Blazer, 2003; \(^3\)Alexopoulos, 2005; \(^4\)Fang et al., 2019; \(^5\)Corpas et al, 2022; \(^6\)Oh, et al., 2021
Depression and Health Behavior

• Depression can lead to poor self-care
• Non-adherence with medication regimens
• Decreased levels of physical activity
• Poor dietary habits
• Exacerbates existing medical conditions
• Causes medical conditions

Validated Depression Screening Tools

- **GDS: Geriatric Depression Scale** (Yesavage, 1988)

- **PHQ-9: Patient Health Questionnaire – 9 Item** (Kroenke, Spitzer, & Williams, 2001)

- **CATCH-ON Toolbox**
Evidence-Based Treatment for Depression

• Psychotherapy is equally effective in younger, older, and oldest old adults\(^1\)
• Cognitive Behavioral Therapy
• Interpersonal Psychotherapy
• Problem-solving Therapy
• Anti-depressant medication

\(^1\)Cuijpers et al., 2020
The Mental Health Benefits of Physical Activity in Older Adults Survive the COVID-19 Pandemic

Daniel D. Callow, Naomi A. Arnold-Nedimala, Leslie S. Jordan, M.S., Gabriel S. Pena, M.S., Junyeon Won, M.A., John L. Woodard, Ph.D., J. Carson Smith, Ph.D.

Sleep Quality and Physical Activity as Predictors of Mental Wellbeing Variance in Older Adults during COVID-19 Lockdown: ECLB COVID-19 International Online Survey
Mobility and Social Connectedness

- Group activities can increase motivation for physical activity, maintain mental health\(^1\)
- Group activities can decrease loneliness\(^2\)

\(^1\)Lindsay-Smith et al, 2019; \(^2\)Franke et al, 2021
Suicide

Take suicidal thoughts very seriously.
Suicide among older adults

• White males age 85+
• 85-90% older adults who die by suicide had major mental illness
• 1 of every 4 older adults who attempts suicide dies, compared to 1 in 25 for younger adults
• Risk factors: change in health status, grief, lack of purpose or meaning, dementia, social isolation and loneliness
Suicide Assessment

- Within a month before their suicide, ~45% have seen primary care; 20% have seen a mental health professional.
- Asking about suicide risk does not encourage an attempt.
- Ideation, intent, plan:
  - Distinguish between wishes for death and plans to die.
- Consider the means.
- Columbia-Suicide Severity Rating Scale (C-SSRS).
Anxiety

The overlap of anxiety and medical conditions is significant.
Anxiety Disorders in Older Adults

• More likely to say “concern” rather than “anxiety”

• Focused on loved ones, general health concerns, sexual minority status, and the state of the world

• Less likely to describe feeling anxious or depressed and more commonly emphasize physical health or other bodily concerns.
Anxiety & Medical Conditions

- Overlap with medical symptoms – assess carefully
- Medication side effects may explain some anxiety symptoms
- New onset anxiety in late life may be a symptom of cognitive impairment
- Increased since COVID-19 for those with intolerance of uncertainty\(^1\)

\(^1\)Gosselin et al, 2022
Screening Tools for Anxiety Validated with Older Adults

**GAD-7**  
Generalized Anxiety Disorder  
7 items  
4-point Likert

**GAI**  
Geriatric Anxiety Inventory  
20 items  
Agree / Disagree

**GAS**  
Geriatric Anxiety Scale  
30 or 10 items  
4-point Likert  
Subscales: somatic, cognitive, affective

**PSWQ / PSWQ-A**  
Penn State Worry Questionnaire  
16 or 8 items  
5-point Likert

**CATCH-ON Toolbox**
Evidence-Based Treatment for Anxiety

• Cognitive Behavioral Therapy
  • Deep slow breathing\(^1\)
• Acceptance & Commitment Therapy
• SSRI/SNRI

\(^*\)NOT benzodiazepines

\(^1\)Magnon et al., 2021
Substance Use

Always screen for substance use with older adults!
Substance Use

- Don’t assume anything about older adult substance use
- Because of physiological changes with normal aging, the same amount is increasingly potent in later life
- Interactions with medications
- Cognitive impairment
- Mental health
- Fall risk
Older Adult Risk Factors for Substance Use

- Male
- White
- Low socioeconomic status
- Undergoing life transitions
  - Retirement or death of a spouse
  - Identifying as part of the LGBTQ community
  - Being socially isolated
  - Experiencing health problems
- History of substance use and mental health problems
Substance Use Issues

- Alcohol
  - <2 for men; <1 for women
- Cannabis on the rise
- Prescription medication misuse vs. mismanagement
- Opioids
  - 3.6% in adults aged 50-64 and 1.2% in adults over 65
  - 1999-2019 1,886% increase in opioid deaths age 55+
# Screening Tools for Substance Use Validated with Older Adults

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
<th>Items</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT / AUDIT-C</td>
<td>Alcohol Use Disorders Identification Test</td>
<td>10 or 3</td>
<td>Frequency</td>
</tr>
<tr>
<td>MAST-G, SMAST</td>
<td>Michigan Alcohol Screening Test</td>
<td>24 or 10</td>
<td>Yes/No</td>
</tr>
<tr>
<td>SAMI</td>
<td>Senior Alcohol Misuse Indicator</td>
<td>5</td>
<td>Checklist</td>
</tr>
<tr>
<td>CUDIT-R</td>
<td>The Cannabis Use Disorder Test</td>
<td>8</td>
<td>Likert</td>
</tr>
</tbody>
</table>
Substance Use Interventions for Older Adults

- SBIRT: Screening, Brief Intervention and Referral to Treatment
- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- 23% of treatment centers designed to accommodate older adults
- Seniors in Sobriety
Grief and End of Life

Sadness is normal; prolonged dysfunction is not
Talking about end of life is difficult and important
Normal Grief vs. Prolonged Grief Disorder

- Normal grief
  - Sadness
  - Stunned, shocked
  - Lonely
  - Intense emotions dissipate over time
  - Willingness to reinvest in relationships

- Prolonged Grief Disorder
  - Longing and yearning for the deceased
  - Behavioral symptoms, including
    - Identity disruption
    - Disbelief regarding death
    - Avoidance of reminders
    - Numbness
    - Meaninglessness
    - Intense loneliness
  - Clinically significant impairment daily for 6 months – 1 year
Evidence-Based Interventions

- Cognitive Behavioral Therapy
- Interpersonal Psychotherapy
- Complicated Grief Therapy
- Support groups
GREAT BOOKS!

Assessment and Treatment of Older Adults: A Guide for Mental Health Professionals

Treating Later-Life Depression: A Cognitive-Behavioral Therapy Approach
Introduction to Special Issue: Foundational Knowledge Competencies in Geropsychology

Gregory A. Hinrichsen1 and Erin E. Emery-Tiburcio2
1 Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai
2 Department of Psychiatry and Behavioral Sciences, Rush University Medical Center

Adult Development and Aging: A Foundational Geropsychology Knowledge Competency

Erin L. Woodhead1 and Brian Yoshim2
1 Department of Psychology, San José State University
2 Psychology Service, VA Saint Louis Health Care System, Saint Louis, Missouri, United States

Clinical Practice: A Foundational Geropsychology Knowledge Competency

M. Lindsey Jacobs1, 2 and Patricia M. Bamonti3, 4
1 Research and Development Service, Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, United States
2 Department of Psychology, The University of Alabama
3 Geriatric Mental Health Clinic, VA Boston Healthcare System, Boston, Massachusetts, United States
4 Department of Psychiatry, Harvard Medical School

Attitudes Toward Older Adults and Aging: A Foundational Geropsychology Knowledge Competency

Christina Garrison-Diehn1, Clair Rummel2, Yiu Ho Au3, and Kelly Scherer1, 4
1 Department of Psychiatry and Behavioral Sciences, University of California, San Francisco
2 Rocky Mountain Network Clinical Resource Hub, Department of Veterans Affairs, Salt Lake City, Utah, United States
3 Evidence Health, Santa Barbara, California, United States
4 Department of Public Health, University of San Francisco

Assessment: A Foundational Geropsychology Knowledge Competency

Benjamin T. Maze1, Amy Fiske2, and Peter A. Lichtenberg3
1 Department of Psychological and Brain Sciences, University of Louisville
2 Department of Psychology, West Virginia University
3 Institute of Gerontology, Department of Psychology, Wayne State University

Intervention, Consultation, and Other Service Provision: A Foundational Geropsychology Knowledge Competency

Lisa M. Lind1, Cecilia Y. M. Poon2, 3, and Jennifer A. Birdsell1
1 Department of Psychology, Nebraska Medicine, Omaha, Nebraska, United States
2 Department of Psychiatry, Nebraska Medicine, Omaha, Nebraska, United States
3 Geriatric Psychiatry Division, Department of Psychiatry, University of Nebraska Medical Center
4 CHI Behavioral Health Services, Los Angeles, California, United States

https://psycnet.apa.org/PsycARTICLES/journal/cps/29/1
Implementing the 4Ms-Behavioral Health: Applying the 4Ms of an Age-Friendly Health System in Mental Health and Substance Use Services

Erin Emery-Tiburcio, PhD, ABPP and Laura Porter, PhD

April 5th at 10AM-1PM PT/11AM-2PM MT/12-3PM CT/ 1-4PM ET

second Friday of the month May through September at 10-11AM PT / 11AM-12PM MT / 12-1PM CT / 1-2PM ET

REGISTER HERE: https://e4center.org/calendar/
Foundational Competencies in Older Adult Mental Health Online Certificate Program

The growing population of older adults presents a unique opportunity for mental health professionals to expand clinical practice and experience deeply meaningful clinical work. The F4 Center of Excellence for Behavioral Health Disparities in Aging, in partnership with CATCH-ON, the Geriatric Workforce Enhancement Program based at Rush, and the Rush Center for Excellence in Aging invite you to complete this Foundational Competencies in Older Adult Mental Health Online Certificate Program as a first step in developing competency in older adult mental health.

What is included?
- 16 hours of content where each module, geared towards licensed mental health clinicians, uses Pikes Peak geropsychology competencies as a foundation
- Topics covered in this program each focus on the unique issues for older adults: Attitudes about older adults and aging, Adult development, Depression, Suicide, Anxiety, Trauma and PTSD, Substance use, Psychopharmacology, Cognition, Common life issues, End of life and grief, Practice issues, Ethics, Serious Mental Illness
- Continuing education credits (CE/CNE/CME) for licensed clinicians are available for a modest fee
- Completion of all modules will earn learners a certificate of completion from the Council of Professional Geropsychology Training Programs

For more details and to enroll, please visit https://www.catch-onlearn.com/

Learn more here: https://bit.ly/MHcertificate
For more information and **FREE CE**, please visit:

http://catch-on.org  
Email: catch-on@rush.edu

https://e4center.org  
Email: e4center@rush.edu
Questions and Answers
Resources
Critical Resources on Medicare Part B Coverage of Counselors and MFTs

Legislation Mandating Medicare Part B Coverage of Counselors and Marriage and Family Therapists
https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf

How to Enroll in the Medicare Program

- Medicare Enrollment for Providers and Suppliers
  https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos

- New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)
  FAQs (36 questions answered) Published Sept 2023

- The Medicare Learning Network:

- Web-based Training:

- Becoming a Medicare Provider (World of Medicare):

- Weekly Email Newsletter for Medicare Providers:
Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

Role of the Centers for Medicare and Medicaid Services (CMS)


Medicare Mental Health Benefits for Beneficiaries

Medicare and Your Mental Health Benefits:

Medicare Mental Health:

Medicare Beneficiary Handbook:
Key Steps to Becoming a Medicare Provider

1. Register in the I&A System
2. Get an NPI
3. Enter information into PECOS
4. Decide if you want to be a participating provider

Form CMS-855I: Physicians and non-physician practitioners (PDF link)
Thank you for attending!