Painful Places: Medicare Fails Homebound Patients With Substance Abuse Disorders

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Abstract
There is extensive literature on the significance of substance use, misuse, and abuse among the elderly in the United States. A literature review indicates a paucity of information on the nature, significance, or impacts of the lack of substance use and abuse coverage in Medicare home health. This article presents background on the topic and an initial, exploratory study to address the literature gap, based on interviews of a convenience sample of 48 home care social workers between January 2013 and May 2015 in the New York City metropolitan area. Results indicate social workers believe substance use and abuse occurs frequently among Medicare home health patients; substance use and abuse is not assessed and treated professionally in Medicare home health; the lack of coverage in Medicare home health results in exacerbation of existing patient physical and mental health conditions, which, in turn, worsen substance use and abuse conditions; the homebound requirement and lack of coverage of transportation and personal care assistants limits home care patients ability to obtain outpatient substance use and abuse treatment; and lack of home-based assessment and treatment contributes to increased home care readmissions, re-hospitalizations, and increased caregiver burden.

Keywords: Medicare, Nurses, Home health; Substance use; Substance abuse

Introduction

The purpose of the study presented in this article is to address a gap in the existing literature on the adequacy of Medicare home health assessment, coverage, and treatment of patients with substance use and abuse conditions.

Substance use, misuse, and abuse has been documented as a major national problem, accentuated recently by what is commonly referred to as the opioid epidemic (United States Department of Health and Human Services, Office of the Surgeon General 2016, 2018). The Substance Abuse and Mental Health Services Administration (SAMHSA) has reported in 2013 that 9.4% (or 24.6 million) of Americans aged 12 or older had used an illicit drug in the past month, an increase over 8.3 % in 2002 (National Institute on Drug Abuse 2019).

According to the United States Department of Health & Human Services (HHS 2016), over 175 million persons aged 12 and older (65.7%) reported alcohol use in the past year; more than 36 million (13.5%) reported using marijuana in the past year; 12.5 million reported misusing prescription pain relievers; and over 300,000 reported using heroin in the past year. Almost 8 percent of the population met diagnostic criteria for a substance use disorder (SUD) for alcohol or illicit drugs, and 1 percent met diagnostic criteria for both an

alcohol and illicit drug use disorder. HHS (2016) further reports that while 20.8 million people (7.8 percent of the population) met the diagnostic criteria for a substance use disorder in 2015, only 2.2 million individuals (10.4 percent) received any type of treatment and only 63.7 percent of those treated received treatment in specialty substance use disorder program.

HHS (2018, p. 5) defines substance misuse as, "The use of any substance in a manner, situation, amount, or frequency that can cause harm to users or to those around them." HHS (2018, p. 5) indicates substance use disorder "Occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the Diagnostic and Statistical Manual of Mental Disorder s (DSM)-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria." However, while Individuals with substance use disorders have elevated rates of substance misuse, such as related health and social problems and costs, many people who misuse substances do not meet the diagnostic criteria for a substance use disorder (HHS 2016).

Alcohol misuse, illicit drug use, misuse of medications, and substance use disorders have significant adverse consequences for individuals and society. In the United States alone they result in an estimated $400 billion in lost in workplace productivity (HHS 2016). Worldwide, the global burden of disability attributable to substance misuse problems and disorders, mainly due to lost ability to work and years of life lost to premature mortality, is significant.A 2010 international study (Whiteford et al. 2013) found that mental and substance use disorders were the leading causes of years lived with disability worldwide, largely because these problems begin for many individuals early in their lives and can continue, particularly if untreated, for long periods into old age.

In addition to societal costs, research studies indicate substance misuse can have many health and personal consequences for individuals (HHS 2016). The direct effects depend on the specific substances used, how much and how often they are used, how they are taken (e.g., orally vs. injected), and other factors. Acute effects often range from changes in mood and basic body functions, such as heart rate or blood pressure, to overdose and death. Alcohol misuse and drug use can also have long-term effects on physical and mental health and can lead to substance use disorders. Drug use is associated with chronic pain conditions and cardiovascular and cardiopulmonary diseases. Alcohol misuse is associated with liver and pancreatic diseases, hypertension, reproductive system disorders, trauma, stroke, and a variety of cancers, including cancer of the oral cavity, esophagus, larynx, pharynx, liver, colon, and rectum. Substance misuse also can affect nutrition and sleep and increase the risk for trauma, violence, injury, and contraction of communicable diseases, such as HIV/AIDS and Hepatitis C.

Literature Review

The limited insight from government data on the prevalence and coverage of substance misuse, use and SUD in Medicare home health prompted a literature review: lack of

Medicare home health coverage of substance use and abuse.

The literature review used Cinahl, PubMed, Medline, Cochrane Library, Campbell Collaboration, PsycINFO, Sociological Abstracts, and Social Science Abstracts databases with an search period of January 1, 1965 through September 30, 2012 followed by an updated search after the study was conducted covering October 1, 2012 through September 30, 2019. Multiple keywords were used in the search: substance use and home care; substance abuse and home care; opioid use and home care; home care social work; Medicare home health social work; psycho-social care and Medicare home health; and substance use and abuse and the elderly. The searches yielded multiple studies on home health, home health social work, home health nursing and generally on substance use and abuse among the elderly but no studies specifically on prevalence, coverage, or consequences of substance use or abuse in the Medicare home health setting.

The literature review also yelded relevant information on substance use and abuse among the elderly, though none addressed the lack of coverage in the Medicare home health setting. Within the United States population specifically, the elderly are acknowledged as a sub-population increasingly vulnerable to substance use, misuse, and abuse issues. One study has noted that while data indicates "older adults have not demonstrated high rates of alcohol or other drug us compared with younger adults. These facts have helped perpetuate a misconception that older adults do not use or abuse mood-altering substances" (Kuerbis et al. 2014, p. 1). The authors further assert that "Indeed, substantial evidence suggests that substance use among older adults has been under-identified for decades. The aging of the baby boom generation creates a new urgency to effectively identify and treat substance use among older adults." (Kuerbis et al. 2014, p. 1). The authors cite extensive data on high prevalence rates of SUD specifically among baby boomers as they age, noting that "SUD rates among people older than 50 years are projected to increase from about 2.8 million in 2006 to 5.7 million in 2020" (Kuerbis et al. 2014, 1). Other researchers have supported these concerns and have additionally a concern specifically for abuse of opioids and other prescription drugs, noting that "....as the 'baby boom' cohort ages, it appears likely that the proportion of older adults using these drugs and experiencing substance abuse associated problems will also increase" (Kalapatapu and Sullivan 2010, p. 3).

Medicare beneficiaries appear particularly vulnerable to substance abuse use, misuse and SUD, given that an estimated 95% of all Americans aged 65 years and older are Medicare beneficiaries (Mather et al. 2015). However, SAMHSA reported that in 2016 Medicare represented only the fourth largest payer for treatment of persons with mental and/or substance use disorders (M/SUDs), or only 13% of all national health spending on M/SUDs (SAMHSA 2019a). SAMHSA does not report SUD only data separate from the M/SUD data.

In 2018, there were approximately 5.1 million Medicare beneficiaries served under Medicare home health, or about 10% of all Medicare beneficiaries (Centers for Medicare & Medicaid Services [CMMS] 2018; Mather et al. 2015). CMMS data appears to indicate limited focus on substance use, misuse, and SUD in the Medicare home health program. For example, using CMMS 2016 Medicare Beneficiary Survey data, Avalere Health (2018)

found no SUD, substance use, substance misuse, mental health, or M/SUD diagnosis among the top twenty primary International Classification of Diseases, Version 10 (ICD-10) diagnosis, which represented 58% of all 2017 Medicare home health claims. Ironically, mental health is a significant issue for Medicare beneficiaries with CMMS reporting in 2015 44% of all Medicare home health beneficiaries had a severe mental illness (SMI), which is defined "as having depression or other mental disorder including bipolar disorder, schizophrenia, and other psychoses." (Avalere Health 2018, p. 28). The SMI data is limited because it only includes severe mental illness and because CMMS data does not even capture data on substance use, misuse, or SUD, either in the aggregate or by type of substance; not even as a subset of its data on mental health conditions (Avalere Health 2018).

The present study was designed to address this gap in the existing literature regarding the topic. The study presents the results of an exploratory, qualitative design using semi-structured interviews of 48 home care social workers in the New York City metropolitan area between January 2013 and May 2015. The location and selection of the interviewees was based on a snowball convenience sampling process based on convenience of access to the researcher. The study used interviews to probe social workers' perceptions of the nature and extent of substance use and abuse prevalence and coverage in Medicare home health and the impact on patients, caregivers, and Medicare.

Methods

The study used a grounded theory approach (Corbin and Strauss 2007). Grounded theory is the research methodology of choice because it was developed for interpreting qualitative data in the absence of a pre-existing theory. In the present study, the existing literature does not provide insight into how home care nurses perceive the coverage of SDOH and the impact on patients, caregivers, and payers, including Medicare. Data were collected through interviews of 48 home care social workers, selected from the New York City metropolitan area between January 2013 and May 2015. Participants were selected using a snowball convenience sampling technique, whereby home care industry professionals known to the author identified potential interviewees. In-person interviews were conducted at locations convenient to participants and off-site from where they worked. An interview guide was used to help standardize the data collection, and all participants were assured of anonymity and confidentiality through an informed consent form they signed. Qualitative analysis began shortly after the initial data were collected and resulted in additional questions and probes that were applied to subsequent interviews, in an ongoing iterative process. Analysis followed the grounded theory three-stage coding of interview data: open, axial, and selective coding.

Open coding was used to fracture the data to "identify some categories, their properties, and dimensional locations" (Corbin and Strauss 2007, p. 97). The coding and classification generated a list of 268 codes. Code and category labels were created, systematically sorted, compared, and contrasted until they were complete, with no new codes or categories produced and all data accounted for. Through axial coding, multiple

phenomena were identified from the connected categories and subcategories. These phenomena included the Medicare decision-making framework, home care nurse perceptions of substance use and abuse, home care nurse perceptions of ability to address substance use and abuse in care planning and delivery, and home care nurse perceptions of impacts of ignoring substance use and abuse issues. Finally, using selective coding, a "story line" was identified and a "story" written that integrated the axial coding phenomena (Corbin and Strauss 2007). The story that emerged was the influence of Medicare home health's lack of coverage of substance use and abuse on patients, caregivers, and payers.

In keeping with the grounded theory approach, the data analysis and interpretation were facilitated by analytical and self-reflective memo writing, which helped move empirical data to a conceptual level; expanded and refined the data and codes; developed core categories and interrelationships; and integrated the experiences, interactions, and processes embodied in the data (Corbin and Strauss 2007). All initial abstraction, analysis, and interpretation were done by the author of this article. After the initial process, all abstraction, analysis, and interpretations were reviewed by two additional experienced qualitative researchers, each of whom had a doctoral degree in social work and more than fifteen years' experience doing government-funded qualitative research on substance abuse. Any differences were discussed by the two external reviewers and the author to reach final decisions used for the study results. All analyses were done using ATLAS.ti software.

Social workers were selected for the study because they are the only professionals covered under the Medicare home health benefit who are trained to conduct psychosocial interventions, including substance use disorders. A 2019 study by the National Academies of Science, Engineering, and Medicine (NASEM 2019) further emphasized the need to integrate more social care, delivered by social workers, at all levels in the health delivery system to better address substance use and mental health conditions. There also is significant literature on the effectiveness of social workers addressing social work in multiple health care settings for substance use and mental health conditions (Berrett-Abebe et al. 2020; Rizzo and Rowe 2016; Rizzo et al. 2016; Rowe et al. 2017; Rowe et al. 2019).

Limited demographic data was collected from study participants using a short survey. The results appear in Table 1. Overall the social workers were 45-55 years old (81%); female (95%); Caucasian non-Hispanic (81%); had 6-10 years of home care experience (80%); and had an average caseload of 20-25 patients (83%). Statistical analysis of the demographic variables' impact on study outcomes was not done due to the qualitative nature of the study.

Table 1. Social Worker Participant Demographic Characteristics

Characteristic	Number	Percent
Gender		
Male	2	5%
Female	46	95%
Race/Ethnicity		
Caucasian, Non-Hispanic	39	81%
Hispanic	3	6%
African American	3	6%
Asian American	2	4%
Other	1	3%
Age Range		
>55	2	5%
45-55	39	81%
36-44	4	8%
25-35	3	6%
Years as a Home Care Nurse		
>10	4	8%
6-10	38	80%
1-5	5	9%
<1	1	3%
Average Patient Caseload		
26-30	4	8.5%
20-25	40	83%
<20	4	8.5%

Results

Five themes emerged from the interviews, which are detailed below with supporting quotes.

Overall, the results reflected social workers' perceptions that the Medicare home health benefit assessment, treatment planning, and service delivery requirements do not address the needs of significant numbers of patients with substance use and abuse issues.

High Frequency of Substance Use, Abuse, and SUD: "They are Like Ghosts Haunting Us."

All social workers interviewed believed that Medicare's lack of data on substance use and abuse data on Medicare home health patients hide a major problem and client need which troubled both patients and the social workers.

> "It is as common as heart disease or cancer but we simply act like it is not there," according to social worker QT. All social workers interviewed (100%) agreed there is a high frequency of substance use, misuse, and SUD among their patients:
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> "It hangs over us all the time. Medicare doesn't cover it, but it's there. It's almost like a ghost haunting us, hanging over us while we try to ignore it and treat what we are paid for like healing wounds, diabetes, heart and respiratory conditions mainly." (Social Worker HG)
>
> "I have been doing home care for about 18 years. Substance problems are very common. These people are in such a painful place. Medication management works for some but many are non-compliant and it is more than simply taking meds. There are underlying social and environmental issues. I'd say 75% of our patients have serious drug abuse issues." (Social Worker EH)
>
> "Substance abuse is our most consistent issue across all patients. We never do not use it as a diagnosis. Our patients all have a primary diagnosis that relates to an acute physical health need; not mental health or substance use. But in reality they all have a substance abuse or misuse issue." (Social Worker PS)

Each social worker interviewed emphasized that their reality of substance abuse as a norm for patients differed from Medicare's reality.

> "If you include alcohol abuse, I'd say 80 to 90% of our patients have a substance abuse issue. That is not counting their caregivers, who we can't treat anyway. Many of them [the caregivers] have SUD issues too." (Social Worker SH)

Failure to Professionally Assess and Treat Substance Use Issues

The vast majority of social workers interviewed (96%) believed Medicare's failure to mandate substance abuse assessment and treatment plan components dealing with substance use ignored patient needs, created faulty treatment plans, and limited their ability to use their assessment and treatment skills.

> "Patient substance use behaviors are not assessed and infrequently treated by a trained professional," according to social worker TC. Social workers were concerned that neither Medicare nor their agencies require assessment and treatment of SUD and other substance issues, let alone mandating evidence-based assessment measures and treatments. Ninety-five percent of social workers interviewed believed there was no professional assessment or treatment of substance use, misuse, or abuse:

"I find it absurd. Substance abuse issues exist, often all over the [medical] record, but we can't professionally assess or treat it. There are evidence-based interventions and assessment tools. I learned about them in graduate school and continuing education courses, but we can't use them. Isn't that ridiculous? Why can't we? I ask it all the time. I am told it's not required on the OASIS [Outcome and Assessment Information Set] and that it is a chronic condition, which we are not allowed to treat. We focus on acute episodes. Drug abuse is considered chronic. Medicare won't pay for it at home. It makes no sense to me." (Social Worker TJ)

In these interviews the social workers continued to emphasize Medicare's non-scientific approach to assessing and developing treatment plans related to substance use and abuse.

"Our agency has no policy and procedure protocol for assessing and treating substance use." (Social Worker DG)

"Medicare seems so outdated. We have many patients on meds, increasingly many on opioids for pain, and we can't treat them. It's all over the news. There is an opiod epidemic Things like naloxone are being offered outside home care, but not for our patients who are homebound. They are such desparate souls and we can't do anything for them. It is so sad." (Social Worker TS)

Lack of Coverage of Substance Misuse and SUD Exacerbates Physical Health, Mental Health, and Substance Use Issues

All social workers interviewed expressed concern the Medicare's failure to specifically cover substance abuse and use treatments as part of the home health social work coverage further denied the reality of patient needs and, in fact, exacerbated existing and co-morbid conditions.

"We do not assess or treat substance issues. That complicates most conditions, especially heart and respiratory conditions and things like depression. It makes anyone with drug issues even worse," said social worker MS. All social workers (100%) agreed that the inability to cover substance abuse issues contributed to exacerbation of existing physical and mental health conditions." (Social Worker TG)

Social workers interviewed cont inued to expression frustration with Medicare's lack of coverage leading to more patient problems instead of less.

"You asked for an example. I'll give you one. A patient comes in diabetes. We focus on the immediate situation, the diabetes issue; that's it. So, I'm thinking of several cases like this. And in many cases they are alcoholics or on heavy duty opioids for pain to deal with pain. The drug problem limits their compliance." (Social Worker SF)

"I have an example. I had a patient who had limited mobility due COPD with diabetes comorbidity. They also were depressed. Surprise! What do people do when they are depressed? A lot of our patients drink and take ills which numbs them for a bit and then makes them worse, physically and mentally. That is what this patient did." (Social Worker RA)

Inability to Provide Transportation and Personal Care Assistants Limits Patients Ability to Get Outpatient Substance Treatment Services: "It's a downright shame."

Most social workers (95%) expressed frustration with their inability to facilitate patients obtaining substance misuse and SUD in Medicare-covered outpatient settings. Their views indicaed a further frustration to the lack of coverage of substace use and abuse in the home health setting because of the limitations on homebound patients being able to obtain such services which are coveredoutside the home.

> "The closest place to get [substance use and SUD] help is an outpatient clinic. Our patients are homebound. They can't get there easily. If they could they would not be on home care. So what do we do? We give no care at home and no assistance to get the outpatient care." (Social Worker YU)

> "I have had a lot of patients with drug issues; so have my colleagues. Most of it is caused, ironically, by the medications they take for their [physical health] condition. There are others who just are chronic alcoholics or drug users because of their life experiences. So, here they are being homebound, which is required for Medicare home health eligibility. They need a lot of help with daily activities. We can't do much for that since we have limited use of home health aides. Then, on top of it, for many, there are drug issues, which we are not allowed to treat. Medicare won't cover it. So they need to go to an outpatient program. That sounds reasonable, right? NO. Many are so homebound they need considerable assistance. Medicare won't cover it so unless you have significant money, you can't go." (Social Worker PC)

Failure to Address Substance Use Issues Contribute to Home Care Readmissions, Re-Hospitalizations, and Caregiver Burden: "It's YourWorst Nightmare"

Most of the social workers interviewed (90%) revealed both their frustration with unmet patient needs resulting from lack of substance use and abuse coverafe and with the adverse impacts on the patients and caregivers of frequent returns to the home health agency or a hospital as a result of unaddressed substance use care needs on their initial home health stay.

CMMS does not measure or track re-admissions to home care, let alone by reason. However, nurses indicated failure to acknowledge, assess, and treat SUD and related substance issues results in a continual stream of home care re-admissions, re-hospitalizations, and increased caregiver burden. All social workers (100%) believed the inability to assess and treat substance misuse issues, including SUD, contributes to home care readmissions, re-hospitalizations, and increased caregiver burden:

> "We readmit a lot [of patients]. Most that we readmit return to us in 30-60 days after discharge. I think a lot of why they return is because they have no one at home to help with post-discharge follow-up. Everything falls apart. Sometimes they have a competent caregiver but many have caregivers who have their own issues, including drug issues, and we cannot touch that. We can't treat the caregivers. I'd get fired if I did that. Medicare doesn't cover it so the agency wouldn't get reimbursed. But it

would help everyone and probably reduce those costly re-admissions everyone complains about." (Social Worker RM)

"I am a social worker. I know a drug issue affects both your physical and mental health. We learn that it is not unusual for some [patient physical] health issues to result in substance abuse or vice versa. We are taught this. Medicare doesn't care. What's the result? We get frustrated and watch patients get worse. We discharge patients and they return. I'd say it's the norm; about a third of the patients. What's the point? Medicare complains about costs and here they do not let us treat a major source of costs: substance abuse. It is so frustrating." Social Worker ST

Discussion

Despite its limitations, the study does begin to address a gap in the literature and policy by exploring nurse perceptions of the prevalence and impact of lack of assessment, coverage, and treatment of substance use and abuse on Medicare home health patients and their caregivers. The study supports other studies on the current and projected increase of substance use and SUD among the elderly (Kalapataku and Sullivan 2010; Kueribis et al. 2014; Mather et al. 2015), adding qualitative insight to its occurrence in the Medicare home health setting. The story told in the nurse interviews also identifies some specific areas for potential policy reform to benefit patients, home health professionals, and the Medicare program. The initiation of the new Medicare Home Health Patient-Driven Groupings Model (PDGM) in 2020 provides a timely opportunity for such reforms (Abt Associates and CMMS 2019).

Contrary to the home health social worker interviews and studies on substance abuse among the elderly, Medicare does not publicly report on SUD or substance abuse among home health beneficiaries. For example there was no substance use code listed among the top 20 Primary International Classification of Diseases, Version 10 (ICD-10) Diagnoses for All Home Health Claims (Avalere Health 2018). These top twenty diagnoses represented 58% of all claims. In addition, neither SUD nor substance abuse are listed in Medicare's reporting on severe mental illness (Avalere Health 2018). Medicare does not report such data because it fails to capture the data. The OASIS currently has no section requiring nurses to assess, or otherwise measure, the existence of substance abuse or risk level for abuse at either admission, recertification, or discharge (CMMS 2019b). This contrasts with Medicare requiring nurses complete the PHQ-2, an evidence-based depression scale (Kroenke et al. 2003), on the OASIS. The result is Medicare publicly reporting data that indicates 44% of all Medicare home health beneficiaries in 2015 had a severe mental illness (SMI) and 94% of those with an SMI had depression (Avalere Health 2018). A remedy for the lack of home health beneficiary substance abuse data would be for CMMS to add a mandated, evidence-based substance use assessment section to the current OASIS with a requirement that patients scoring as having SUD or a specified significant risk of abuse level must receive treatment. SAMHSA has developed multiple evidence-based assessment tools which are used in inpatient and outpatient programs which Medicare could adopt to systematically measure and report on substance abuse in home health

(SAMHSA 2019b).

However, improved assessment and reporting requirements do not guarantee that patients assessed or at risk of substance abuse will receive treatment. Medicare currently covers mental health and substance abuse services in inpatient, outpatient and partial hospitalization programs but not in home health (Center for Medicare Advocacy 2019a; Medicare Benefit Policy Manual). The only exception is the possible use of a psychiatric nurse in Medicare home health which "would only be considered medically reasonable and necessary if the evidence demonstrates that the patient is in danger to self or others" (Center for Medicare Advocacy 2019a) and assuming a psychiatric nurse is available. To ensure professional treatment of home health patients assessed with or at-risk of substance abuse, Medicare would have to mandate that patients receive treatment and modify coverage and reimbursement rules to include such treatments. SAMHSA has developed multiple evidence-based treatments which are used in inpatient and outpatient programs which Medicare could adopt to systematically measure and report on substance abuse in home health (SAMHSA 2019b). Expansion of the current Medicare home health social work benefit might be the most feasible avenue to provide such care. Currently the home health social work benefit is limited to only a few individual psycho-social therapy visits, no family therapy and no group therapy (Cabin 2019b; Medicare Benefits Manual). Payment for such services would need to be accommodated within the new PDGM system or as a specified, separately reimbursement add-on payment. The covered mandated treatments also would enable Medicare to track progress of patients and possibly include such data in its home health quality improvement reporting (Centers for Medicare and Medicaid Services 2019a).

In addition to reforms creating meaningful assessment and treatment of Medicare home health patients with substance use issues at home, Medicare could also facilitate homebound Medicare patients' ability to receive outpatient substance abuse services. This could be done by Medicare covering costs of transportation and accompanying personal care assistants to facilitate homebound Medicare home health patient access to covered outpatient substance abuse services. The PDGM system would require a coverage and payment change to facilitate such services. However, Congress and CMMS already have set a precedent for coverage of such services through Medicare Advantage plans (Cabin 2019a).

Limitations

The study was a qualitative, exploratory study. As such it does not address causality and has several limitations including: small sample size; lack of random sampling for sample selection; and lack of a randomized controlled trial experimental design to test specific interventions against a control group. The study also is limited to one geographic area and based on interviews only of social workers and only social workers who were accessed through the researcher's contacts with social workers. As a qualitative study there also was no quantitative analysis of results by key demographic characteristics such as age, gender, and years of experience in home health.

Conclusion

These reforms seem reasonable for Congress and CMMS consideration given the current and projected data on SUD and substance abuse among the elderly. They also seem reasonable because both Congress and CMMS have recently recognized the relevance of social determinants of health and have begun efforts to cover transportation, personal care assistants, and other social needs services to improve patient outcomes and reduce Medicare costs (Cabin 2019b). The move toward focusing on social determinants expands home-based care beyond the current Medicare home health model, allowing a greater focus on factors associated with substance use and mental health conditions. As a result, a significant expansion of the Medicare home health social work benefit and requirements for SUD assessment, treatment, and public reporting seem worthy of Congressional action, particularly given CMMS' recent recognition of the value of such an approach and the current and projected prevalence of substance use among the elderly

References

Abt Associates and Centers for Medicare and Medicaid Services. (2019). *Centers for Medicare and Medicaid Services Patient-Drive Groupings Model.* Retrieved from: https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Prover-Calls-and-Events-Items/2019-02-12-PDGM.htmll

Avalere Health. Home Health Chartbook 2018: Prepared for the Alliance for Home Health Quality and Innovation. ahhqi.org/images/uploads/AHHQI_2018_Chartbook_09.21.2018.pdf. Published September 2018. Accessed August 20, 2019.

Berrett-Abebe, J., Donelan, K., Berkman, B., Auerbach, D. and Maramaldi, P. (2020). Physician and nurse practitioner perceptions of social worker and community health worker roles in primary care practices caring for frail elders: Insights for social work. *Social Work in Health Care* 59(1): 46-60.

Cabin, W. (2019a). Home Care Nurses Claim Medicare Ignores Social Determinants of Health. *Home Health Care Management & Practice* 31 (4): 224-230.

Cabin, W. (2019b). Medicare Home Care Increases Health Risks by Ignoring Patient Social Work Needs. Unpublished.

Center for Medicare Advocacy. (2019a). *Medicare Coverage of Mental Health and Substance Abuse Services*. Retrieved from: https://www.medicareadvocacy.org/medicare-info/medicare-coverage-of-mental-health-services/

Center for Medicare Advocacy. (2019b). Home Health Care. Retrieved from: https://www.medicareadvocacy.org/medicare-info/home-health-care

Centers for Medicare and Medicaid Services. (2019a). Home Health Quality Reporting Program. Retrieved from: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html

Centers for Medicare and Medicare Services. (2019b). *Medicare Coverage of Substance Abuse Services*. MLN Matters Number: SE 1604. April 28, 2016. Department of Health and Human Services. Centers for Medicare and Medicaid Services.

Corbin J. and Strauss, A. (2007). Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory. Thousand Oaks, CA: SAGE.

Kalapatapu, R. K. and Sullivan, M. A. (2010). Prescription Use Disorders in Older Adults. *American Journal of Addiction*, 19(6): 515-522.

Kroenke, K, Spitzer, R. I., Williams, J. B. (2003). The Patient Health questionnaire-2: validity of a two-item depression screener. *Med. Care*: 41: 1284-1292.

Kuerbis, A, Sacco, P, Blazer, D. G., and Moore, A. A. (2014). Substance Use Among Older Adults. *Clin Geriatr Med*, 30(3): 629–654.

Mather. M., Jacobsen, L. A., and Pollard, K. M. (2015). Aging in the United States, *Population Bulletin* 70(2).

Medicare Benefit Policy Manual, Chapter 7, Home Health Services. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/.../bp102c07.pdf

Medicare Payment Advisory Commission. (2018a). Medicare Basics: Home Health Services. Washington, DC: Author.

Medicare Payment Advisory Commission. (2018b). Report to Congress: Medicare Payment Policy, Chapter 9. Washington, DC: Author.

National Academies of Science, Engineering and Medicine. (2019). Integrating Social Care Into The Delivery of Health Care: Moving Upstream to Improve the Nation's Health. Washington, DC: National Academies Press.

Rizzo, V. M. and Rowe, J. M. (2016). Cost Effectiveness of Social work services in Aging: An Updated Systematic Review. *Research on Social Work Practice*, 26(6): 653-667.

Rizzo, V. M., Rowe, J. M., Kricke, G. S., Krajci, K., and Golden, R. (2016). AIMS: A Care Coordination Model to Improve Patient Outcomes. *Health and Social Work*, 41(3): 191-195.

Rowe, J., Rizzo, V. M., Guthrie, D., Vail, M. R., Kang, S-K., and Golden, R. (2019). The Electronic Health record: Documenting the Unique Contributions of Social Workers. *Health and Social Work*, 44(2):123-128.

Rowe, J. M., Rizzo, V. M., Vail, M. R., Kang, S. K., and Golden, R. (2017). The role of social workers in addressing nonmedical needs in primary health care. *Social Work in Health Care*, 56(6): 435-449.

Substance Abuse and Mental Health Services Administration. (2014). *Projections of National Expenditures for Treatment of Mental Health and Substance Use Disorders, 2010-2020.* HHS Publication No. SMA-14-4883. Rockville, MD: Author.

Substance Abuse and Mental Health Services Administration.. (2019a). Evidence-based Practices Resource Center. Retrieved from: https://www.samhsa.gov/ebp-resource-center

Substance Abuse and Mental Health Services Administration. (2019b). Screening Tools. Retrieved from: https://www.integration.samhsa.gov/clinical-practice/screening-tools

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: Author.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2018). Facing Addiction in America: The Surgeon General's Spotlight on Opioids. Washington, DC: Author.

Whiteford, H. A., Degenhardt, L., Rehm, J., Baxter, A. J., Ferrari, A. J., Erskine, H. E., Vos, T. (2013). Global burden of disease attributable to mental and substance use disorders: Findings from the Global Burden of Disease Study 2010. *The Lancet*, 382 (9904): 1575-1586.

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