AOTA: Expanding Opportunity for Occupational Therapy in Mental Health at the Federal Level

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Identified Challenges for OT in Mental Health

- Lack of access to behavioral health specific fieldwork
- Low reimbursement rates in mental health settings
- Lack of public and policy maker awareness on the role of OT in mental health
- Lack of opportunities for occupational therapy practitioners in community mental health settings
- Challenges with reimbursement at the state level
- Scope of practice laws
- State definitions of “mental health provider”

Federal Goals

- Increase visibility of occupational therapy in mental health among other mental health providers
- Increase understanding of occupational therapy in mental health with Members of Congress
- Increase understanding of occupational therapy in mental health within Federal Agencies
- Include “occupational therapy practitioners” in a federal statutory definition of “mental health professional”
- Include occupational therapy services as a part any new, federal mental health program
- Expand mental health training opportunities to include occupational therapy

Outreach and Engagement

- American Occupational Therapy Association, Vice President, Federal Affairs

Achievements

2011: The “Occupational Therapy in Mental Health Act” is introduced
2013: OT included as a mandatory service in the Conditions of Participation for Medicare partial hospitalization services
2015: OT included as a suggested service for SAMHSA Primary Behavioral Health Care Innovation Grants
2016: Legislation passed to include occupational therapy in the Behavioral Health Workforce Education Training Grant program
2017: New CPT® evaluation codes include “psychosocial” skills as an area that should be included in occupational therapy evaluations
2018: OT included in legislation signed into law to provide loan forgiveness for professionals providing substance use disorder treatment services
2018: HRSA describes occupational therapy practitioners as “behavioral health provider(s)” in its annual budget
2019: The Mental Health Professionals Workforce Shortage Loan Repayment Act is introduced and includes occupational therapy

Myths vs. Facts

Myth: Medicare does not recognize occupational therapy practitioners as professionals who provide services to people with mental illness.
Fact: Occupational therapy is a covered Medicare service for someone with a psychiatric diagnosis. Occupational therapy is a required part of Medicare partial hospitalization services and may be provided to a person with a diagnosed psychiatric illness, as long as standard coverage criteria are met. These services are billed through the CPT® codes for occupational therapy.

Myth: Including occupational therapy in a federal, statutory definition of “mental health professional” will automatically make occupational therapy practitioners Qualified Mental Health Professionals (QMHPs) in every state.
Fact: Inclusion of occupational therapy in federal, statutory definitions of “mental health professional” will help to make the argument that states should recognize occupational therapy practitioners as QHMHPs (as states often follow federal statute). However, this change will still have to be made on a state-by-state basis.

Beyond QMHP

For many, the ultimate recognition for occupational therapy practitioners in mental health is to be defined as “Qualified Mental Health Professionals” (QMHPs) in every state. Being defined as a QMHP is an appropriate goal for some states; however, QMHP status may not be an appropriate goal in every state. For example, several states do not define mental health professionals at all. Others may define QMHP in such a way that occupational therapy practitioners would not want to be included in that definition. Finally, in some states it may be more productive to make small gains, and then build towards QMHP status. Other considerations for state-level expansion of OT in mental health include:
- Revising the OT practice act in the state if it does not already include language regarding OT’s role in mental health consistent with the model practice act
- Advocating for OT mental health services to be reimbursed under Medicaid – including special mental health programs that are a part of Medicaid State Plan Amendments
- Advocate for inclusion of OT in other state-wide programs for people with mental and behavioral health disorders, including special programs related to psychiatric rehabilitation, assertive community treatment, Olmstead settlements and others

New Opportunity in Community Behavioral Health:
- April 2014 – Passage of the Excellence in Mental Health Medicaid Pilot Program
- 8 State Medicaid Demonstration projects
- Expand access to behavioral health services by establishing Certified Community Behavioral Health Clinics (CCBHCs)
- CCBHCs must provide a specific set of intensive mental health services
- Not FFS – money provided for cost of entire set of services

Federal Advocacy:
- Federal agencies required to develop CCBHC criteria including staffing
- Grassroots advocacy effort to include occupational therapy services in final criteria
- Final criteria included occupational therapist among suggested staffing along with psychologist, social workers, and others

State Advocacy:
- States applying for the program were required to get robust stakeholder input and form a steering committee
- AOTA worked with states to appoint “CCBH Ambassadors” for each of the 23 planning grant states
- Ambassadors advocated for inclusion of OT within state grant applications and within CCBHCs
- Opportunity to raise profile of OT with state policy makers, even in states that did not receive planning grants

Community Behavioral Health Centers: CCBHC Ambassadors

Final CCBHC States:
- Minnesota
- Missouri
- New Jersey
- New York
- Nevada
- Oklahoma
- Oregon
- Pennsylvania

Contact Information

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