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An Interview With Gwendolyn King

SOCIAL SECURITY'S '91 BATTLES

By HERBERT WEISS

While congressional debates focus on the financial stability of the Social Security system, Social Security administrator Gwendolyn King juggles legislative mandates and the administrative chores of running an agency of 63,000 employees, while making sure 40 million monthly SSA checks are mailed promptly.

In a January interview, King explored a variety of concerns for the coming year that affect SSA's day-to-day realities.

SSA trust funds. Trust funds will grow to \$19.4 trillion by 2025, King tells us, with four workers currently contributing for every SSA beneficiary.

If the SSA stays at its present level of 6.2%, "we can pay benefits up to 2043." She warned, "It's dangerous to start tinkering with the Social Security system or to reduce the Social Security tax."

King opposes the proposal of Sen. Moynihan, D-N.Y., to lower the Social Security payroll-tax rate from 6.2% to 5.5%, with a further reduction to 5.2% in 1996.

The tax rate for his proposal would go up to 8% in 2025, she says. She contends that if the government holds the SSA tax at 6.2%, no increase will be necessary in 2025.

SSA earnings limitation. Over a certain income limit, elders age 65 to 69

forfeit \$1 for every \$3 earned. On proposals to repeal this law and allow elders to retain more of their earnings, King commented, "It's not a priority that I'm pushing right now." She said that repeal would be a revenue loser.

Disability. Backlogs on disability claims are growing, King stated, because more people are filing claims during the current economic downturn.

The agency plans to seek supplemental appropriation to ensure adequate funding to review cases, she said.

SSI outreach. More people are applying for Supplemental Security Income (SSI) benefits, but King remarked that it's difficult to determine whether the increase in applications is due to outreach efforts or to a poor economy.

To answer this and related concerns, the agency plans to monitor SSI outreach initiated by community organizations under SSI grants.

Toll-free number. While seniors can visit or call their local SSA district office, the agency's toll-free number has been in use for more than a year.

When the phone system became operational, experts predicted the system would receive 1 million calls a week,

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SOCIAL SECURITY BATTLES

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Gwendolyn S. King

King said. But during a normally busy day, the agency may receive up to a million calls a day. There can be even more on the third day of the month, when checks are mailed, and on each of the following three days.

During busy days, SSA officers who authorize benefits at the program service centers answer telephone calls on the agency's "800" number system. These employees "stop their work, put on their telephone headsets and become teleservice reps," King continued.

More than 100,000 additional calls are handled by these individuals, she says, "without requiring the agency to hire additional staff."

OBRA '90 provisions. King unsuccessfully opposed a technical amendment in the 1990 Omnibus Budget Reconciliation Act that required the agency to publish telephone numbers in local telephone directories.

Because of this requirement, she noted that SSA employees counseling beneficiaries on site will be constantly interrupted by incoming calls.

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Can the agency fulfill its legislative mandate to implement this OBRA provision within 180 days? King explained that SSA has contracted with local phone companies across the country to list SSA district office telephone numbers.

She added, however, "We don't control their publication schedules," observing that telephone numbers could be published well after the required date.

Because of new OBRA provisions, the agency must develop 32 new regulations and countless program instructions, without additional funding.

Staffing. It's difficult to determine if present SSA staffing levels are adequate, King said, because the agency has not set work standards.

Look for the problem to be resolved when the agency finishes its revised strategic plan in June. The internal working document establishes clear priorities and ways to measure outcomes. King expects that "it'll help us figure out where we are now." ◆

Herbert Weiss is the editor of Senior Law Report, from which this article is reprinted with permission of CD Publications © 1990, 8204 Fenton St., Silver Spring, MD 20910; (301) 588-6380.

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New Report on Nursing Homes

MENTAL HEALTH'S FORGOTTEN CONSTITUENCY

By **HERBERT P. WEISS**

The principal authors of a new report on mental health in nursing homes charge that cutbacks in Medicare and the block granting of Medicaid will have a disproportionately large impact on the funding of mental health treatments. The report, *Achieving Mental Health of Nursing Home Residents: Overcoming Barriers to Mental Health Care*, which this writer helped prepare, calls mentally ill residents long-term care's "forgotten constituency."

According to Nancy Emerson Lombardo, one of the new report's authors, mental health experts worry that the situation for mentally impaired elders may worsen if proposals are passed by the 104th Congress to drastically cut Medicare, dismantle the Medicaid program and repeal essential features of the Nursing Home Reform Act.

BIG BATTLE

Lombardo emphasized in an interview that, given present efforts in Washington to reduce Medicare and Medicaid spending, "It will take a big battle to restore mental health funding even to the inadequate levels of a few years ago, let alone bring it up to par with payments for treating other medical problems."

She said that adding to the difficulties facing mental health advocates is evidence that many managed care programs taking over Medicare benefits for elders have greatly reduced mental health services.

She and other mental health advocates hope the report will bolster their efforts in Washington. It notes that reductions are coming at a time when we are learning more and more about the effectiveness of mental health treatments.

Evidence has mounted in recent years, some from federal investigators, that physical illnesses of people, especially frail elders, cannot be treated separately from mental illnesses. The report quotes a 1982 Government Accounting Office report that stated, "Left undiagnosed and untreated, mentally ill residents have limited prospects for improvement, and their overall conditions may decline more rapidly and ultimately place greater demands on the healthcare system."

Achieving Mental Health . . . is being published this spring by the nonprofit Hebrew Rehabilitation Center for Aged's (HRCA) Research and Training Institute in Boston, in conjunction with the Mental Health Policy Resource Center (MHPRC) in Washington, D.C. It is based on a 1993 invitational conference that brought to-

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REPORT SUPPORTS MENTAL HEALTH TREATMENT IN NURSING HOMES

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gether more than 130 experts in mental health and aging. Besides being released as an HRCA issue brief, the 50-page paper will be simultaneously published in the *Journal of Mental Health and Aging* (New York: Springer Publishing Company). The findings are being presented at the American Society on Aging's 42nd Annual Meeting in Anaheim, Calif., in March.

The report enumerates a variety of obstacles to the provision of appropriate mental health services. These include a shortage of mental health professionals trained in geriatrics; lack of in-service training in nursing homes to teach facility staff to treat behavioral and functional consequences of mental illness or dementia; and inadequate Medicaid and Medicare payments and reimbursement rules that do not reflect the relative costs of preferred treatments.

MODEL PROGRAMS, RECOMMENDATIONS

The report notes that, in spite of these hurdles, model mental health programs do exist in some nursing homes; they are funded by an array of federal and state agencies, nonprofit foundations and even by some of the facilities themselves, drawing upon nonfederal funds. The issue brief recommends that such programs be identified, cost-benefits calculated and the results widely disseminated to nursing homes for replication.

However, mental health experts involved in the issue brief agree that progress is slow and good mental health care in nursing homes is still the exception rather than the rule.

Key recommendations in the report include:

- Additional funding for research, staff training, and consumer education initiatives.
- Improved Medicare and Medicaid reimbursement to pay for psychiatrists to train nursing home staff members in mental health services;
- The "unbundling," or separating, of mental health services from nursing

home per diem rates, so that funding intended for such assistance cannot be buried in lump-sum reimbursements for care and forgotten;

- Full implementation of all federal nursing home reform mandates passed in 1987 and 1989, such as those requiring training for nursing home staff and strictly limiting the use of psychotropic drugs and physical restraints with residents;

- Increasing the percentage of mental health services paid for by Medicare and other federal and private insurance to match that paid for other medical services.

Further, the report recommends that reimbursement incentives be redirected to recognize behavioral methods and de-emphasize "medication-only" treatment.

The report's authors added that Washington has failed to recognize cost-effective but humane alternatives to wholesale budget cuts.

For example, given the current anti-regulatory mood in Congress, report cards for consumers can be one solution to assist family members in choosing a nursing home that provides adequate mental health training to its staff, said another of the report's authors, Gail K. Robinson, deputy director of the MHPRC.

She suggested, "With such ratings, consumers and their families can be more selective in choosing a nursing home that provides better quality mental health care. Moreover, facilities could use the ratings to identify their weaknesses and correct them."

According to Lombardo, there are less costly ways to improve mental health services than obtaining psychiatric specialists care for most residents. For example, she said, "The facility's in-service training budget could easily be used to bring in experts to teach staff how to care for residents with mental illness or behavioral problems." This redirection of funds would allow specialists to serve as trainers and troubleshooters, rather than as consultants for individual residents.

Lombardo also called on nursing home administrators to support simple changes in their in-service training philosophies: "Administrators must realize that the actions of every staff member in their facilities affect the mental health of residents, either positively or negatively. Therefore, every person should attend training on mental and behavioral issues."

To order *Achieving Mental Health of Nursing Home Residents: Overcoming Barriers to Mental Health Care*, by Nancy Emerson Lombardo, Barry S. Fogel, Gail K. Robinson and Herbert P. Weiss, contact the HRCA Research and Training Institute; (617) 325-8000, ext. 391. ♦

Herbert P. Weiss, a certified nursing home administrator, is a Providence, R. I.-based writer.



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