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## Recommended Citation

Kho, Sonah and DeDiego, Amanda (2024) "Considerations of Medicare Telehealth Services With Older Adults," *Adultspan Journal*: Vol. 23: Iss. 2, Article 5.

DOI: <https://doi.org/10.33470/2161-0029.1166>

Available at: <https://mds.marshall.edu/adsp/vol23/iss2/5>

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## Considerations of Medicare Telehealth Services With Older Adults

### Abstract

The onset of the COVID-19 pandemic set in motion a rapid expansion of mental health services offered via telehealth. With this rapid expansion came the need to examine how policy and practice should be shaped in a future where telehealth is considered common in counseling practice. For counselors to understand how to support older adult clients in using telehealth services, they must understand telehealth policy. Following the eligibility of licensed counselors to participate in Medicare, counselors need to stay abreast of regulatory changes regarding restrictions and regulations on use of telehealth for mental and behavioral health services, including video and audio-only delivery. We explore the innovative implementation of Telehealth Access Points (TAPs), which address barriers to telehealth access for the older adult population; considerations of practice; and barriers to accessing telehealth care for mental health counselors.

### Keywords

gerontology, older adults, Medicare, telehealth, mental health

# Considerations of Medicare Telehealth Services With Older Adults

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## Conflicts

The authors have no known conflict of interest to declare.

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## Abstract

The onset of the COVID-19 pandemic set in motion a rapid expansion of mental health services offered via telehealth. With this rapid expansion came the need to examine how policy and practice should be shaped in a future where telehealth is considered common in counseling practice. For counselors to understand how to support older adult clients in using telehealth services, they must understand telehealth policy. Following the eligibility of licensed counselors to participate in Medicare, counselors need to stay abreast of regulatory changes regarding restrictions and regulations on use of telehealth for mental and behavioral health services, including video and audio-only delivery. We explore the innovative implementation of Telehealth Access Points (TAPs), which address barriers to telehealth access for the older adult population; considerations of practice; and barriers to accessing telehealth care for mental health counselors.

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## Considerations of Medicare Telehealth Services With Older Adults

The expansion of Medicare's mental health care coverage to include licensed counselors, effective January 1, 2024 (Consolidated Appropriations Act, 2023), was a transformative step in providing mental health services to older adults. This pivotal development, enabling licensed mental health counselors to serve those aged 65 and older, as well as younger individuals with long-term disabilities, addresses critical accessibility barriers, including financial, geographical, and socio-economic challenges (Gerlach et al., 2022; Mackenzie & Pankratz, 2022). Use of telehealth for behavioral health services within the Medicare program was also made permanent, reflecting a long-term commitment to improving accessibility for older adults (Consolidated Appropriations Act, 2023). This change directly addresses critical barriers older adults face when accessing mental health care, such as financial and social factors (Emlet, 2016; Gerlach et al., 2022), leveraging telehealth as a critical component in delivering convenient and effective care solutions. In this manuscript, we examine the unique mental health needs of this demographic, focusing on the role of telehealth for mental health services, supported by Medicare, in transcending these challenges. We explore the innovative implementation of Telehealth Access Points (TAPs) and their effects on healthcare accessibility and quality, offering practical strategies for counselors to leverage these advancements.

### Mental Health Considerations for Older Adult Clients

The demographic of individuals aged 65 and older in the United States experienced an almost fivefold growth rate between 1920 and 2020 (United States Census Bureau, 2023). Despite this significant demographic shift, older adults remain an underserved population, facing health disparities exacerbated by factors such as race, sexuality, chronic illness, disability, and rural residence (Forrester et al., 2020).

### Mental Health Needs of Older Adults

The mental health of older adults is influenced by a diverse array of factors, with social isolation, trauma, and loss and grief standing out as primary concerns (Coyle & Dugan, 2012). Social isolation and loneliness, which affect about a quarter of older people, are particularly crucial risk factors for mental health conditions in later life (Coyle & Dugan, 2012). The adverse effects of social isolation including depression, anxiety, cognitive decline, and feelings of loss and grief highlight the critical need for mental health interventions that are both accessible and responsive (Bogen et al., 2023; Coyle & Dugan, 2012). Trauma, whether stemming from childhood adversities or later-life health crises, can also exacerbate mental health challenges in older adults, necessitating specialized care approaches (Lamoureux-Lamarche & Vasiliadis, 2017; Maschi et al., 2013). For example, adding to trauma from earlier life experiences, older adults might also face elder abuse including physical, emotional, sexual, and financial abuse or neglect (National Institute on Aging, 2023).

The COVID-19 pandemic further magnified these issues, emphasizing the urgent need for interventions to mitigate adverse mental health effects in older adults (Vahia et al., 2020). Moreover, the presence of underrecognized trauma symptoms and generational differences in mental health literacy underscore significant gaps in treatment that must be addressed (Emlet, 2016; Kuwert et al., 2013). In addressing these mental health needs, telehealth for mental health services emerges as a viable solution, particularly for older adults in rural settings where access to in-person care might be limited (Zamir et al., 2018). By leveraging technology, mental health professionals can provide targeted therapy and support, ensuring older adults receive the necessary care (Zamir et al., 2018). Through telehealth for mental health services, older adults can connect with trained professionals to access counseling, resources, and assistance in navigating the complexities of elder abuse, empowering them to take steps toward safety and recovery (Constantino et al., 2021; Rollandi et al., 2024).

### Multicultural Considerations

Older adults' diverse identities, including race, ethnicity, and sexual orientation deeply influence the mental health landscape for older adults. These intersecting identities can intensify mental health challenges, particularly in rural settings where resources are often limited (Emlet, 2016; Kessler et al., 2015; Stewart et al., 2015). Notably, research underscores the barriers minority older adults face in accessing mental health services. Vang et al. (2023) highlighted the experiences of Hmong older adults feeling marginalized within health systems, while Goetz et al. (2023) documented the stigma and obstacles encountered by indigenous populations, including psychiatric distress and racial discrimination. These findings emphasize the necessity of culturally attuned mental health care. Telehealth for mental health services have emerged as a vital means to bridge these gaps, offering accessible

care that respects older adults' cultural and individual identities (Hilty et al., 2020). By facilitating connections with a wider array of culturally competent professionals than might be locally available, telehealth platforms enhance access to care that is tailored to diverse backgrounds, regardless of their geographical or social position.

### **Positionality Statement**

Exploring the complexities of mental health care through the lens of telehealth, our collective professional experiences influence our research approach. This shared expertise drives our commitment to improving access and quality of care for underserved communities. We draw from our professional backgrounds to investigate the role of telehealth in mental health care of underserved populations. The first author's experience in hospice care and senior centers provides insights into the challenges of social isolation, guiding our efforts to improve quality of life for older adults. Similarly, the second author's expertise in trauma-informed care and telehealth advocacy informs analysis of telehealth as a tool for addressing mental health disparities among older adults. Our collective experiences inspire this review of how Medicare policies and telehealth practices can better serve the mental health needs of older adults.

The authors also wish to share the land acknowledgement approved by the Associate Students of the University of Wyoming (2020), "We collectively acknowledge that the University of Wyoming occupies the ancestral and traditional lands of the Cheyenne, Arapaho, Crow, and Shoshone Indigenous peoples along with other Native tribes who call the Great Basin and Rocky Mountain region home. We recognize, support, and advocate alongside Indigenous individuals and communities who live here now, and with those forcibly removed from their Homelands."

### **Medicare and Telehealth**

Acknowledging the underutilization of mental health services among older adults (Kessler et al., 2015), it is imperative to explore how telehealth for mental health services particularly within the context of Medicare policy can address and overcome these challenges. Despite advancements in mental health care, factors such as resistant attitudes, financial constraints, and pervasive stigma contribute to the treatment gap (Gerlach et al., 2022; Mackenzie & Pankratz, 2022; Mackenzie et al., 2008). Telehealth counseling offers a unique opportunity to mitigate these barriers by providing a more private and accessible option, potentially reducing stigma and self-imposed concerns about seeking mental health care. This approach aligns with older adults' needs for privacy and ease of access, as well as their preferences for receiving care in a comfortable environment. Telehealth options encourage a more positive attitude toward mental health treatment and reducing undertreatment issues (Shim & Rust, 2013; Weiskittle et al., 2022). Because licensed counselors have become eligible to bill Medicare for mental health counseling services (Consolidated Appropriations Act, 2023), telehealth offers a valuable tool to reach vulnerable and underserved populations like older adults.

### **Telehealth Care for Older Adults**

Telehealth services are one strategy for addressing health disparities by enhancing access to telehealth for mental health care for underserved populations (Myers, 2019). However, telehealth implementation without careful considerations of equity and access among target populations can perpetuate pre-existing disparities (Mahtta et al., 2021). Therefore, a tailored approach to telehealth implementation, designed to meet the needs of older adults, is crucial for achieving healthcare equity and access. Incorporating age-friendly telehealth practices enhances the accessibility and efficacy of these services for older adults by addressing their unique needs and preferences (Wardlow et al., 2022). However, various clients, including older adults, might require support to navigate unfamiliar technology for those new to telehealth services. Further, individuals with disabilities might need accommodations for visual or hearing difficulties when engaging with telehealth platforms (Mao et al., 2022). Following the rapid increase of telehealth usage during the COVID-19 pandemic, providers might already be considering these needs.

Telehealth usage, encompassing a wide range of medical services, surged to 21.1% among older adults during the second quarter of 2020, marking a substantial increase from the pre-pandemic era, when general telehealth adoption among this demographic stood at 4.6% (Choi et al., 2022). Although challenges, such as therapeutic alliance and technology, can arise, they generally do not hinder therapy processes or outcomes when using telehealth while addressing various client needs (Turgoose et al., 2018). Therapeutic alliance was described as the sense of rapport, trust, and collaboration between counselor and client. For example, telehealth provides valuable trauma and post-traumatic stress disorder (PTSD) services without compromising care

quality (Morland et al., 2020), with successful implementation seen in groups like older veterans through the Veterans Affairs system (Weiskittle et al., 2022). Additionally, telehealth has been shown to be effective in treating chronic pain and depression in later life (Martinson et al., 2024; Wu et al., 2024), offering versatile solutions for older adults' care needs.

## Telehealth for Mental Health Services and Medicare

Part of preparing the counseling workforce for Medicare involves understanding the rules of telehealth for mental health services under Medicare, as well as the current limitations of such services. Traditionally, Medicare did not offer reimbursement for services provided via telehealth. However, the onset of COVID-19 prompted legislative changes. The Consolidated Appropriations Act (2023) introduced flexibility in telehealth use for Medicare beneficiaries, allowing clients to use telehealth for mental health services in their homes or other non-provider office locations, a significant shift facilitated by the Health Resources & Services Administration (HRSA, 2023).

Following the end of the Public Health Emergency from COVID-19, the following changes to Medicare policy regarding telehealth were made permanent: (a) telehealth services for mental health care are allowable from home; (b) originating sites are no longer restricted to rural areas or limited by other geographic considerations; (c) audio-only telehealth services are permitted for mental health services; and (d) changes in rules related to qualifications for hospitals, clinics, and other health centers allow them to serve as distance or originating sites (Centers for Medicare & Medicaid Services [CMS], 2023). Providers must adhere to licensing laws and regulations in the state where the client is located (DeDiego et al., 2023; HRSA, 2024). Other flexibility in policies related to telehealth have been extended until December 31, 2024, with uncertainty about regulation in the future (Consolidated Appropriations Act, 2023). These policies include: (a) in-home telehealth services beyond mental health care; (b) changes to geographic limitations for originating sites for services outside of mental health care; (c) audio-only telehealth allowances for some services not related to mental health; (d) allowances for all eligible Medicare providers to use telehealth to provide services; and (e) removing the requirement for periodic in-person visits in order to use telehealth service delivery, including for mental health care.

These developments represent a significant expansion of Medicare's telehealth policy, making it crucial for the counseling workforce to be informed of these updates to effectively serve their clients and advocate for continued advancements in telehealth permissions (HRSA, 2023). Limitations on expansion of telehealth provision of services, both within and outside of mental health (Consolidated Appropriations Act, 2023), represent need for counselor advocacy to keep reimbursement of telehealth services without requirements of periodic in-person visits as an option into the future (CMS, 2023; Consolidated Appropriations Act, 2023). Although advocacy efforts created the opportunity for licensed counselors to enroll as providers in the Medicare system, further advocacy is needed to promote funding and availability of telehealth for mental health services into the future. Advocacy efforts are needed particularly in enhancing telehealth infrastructure, subsidizing care for underserved population, and supporting the training of providers in telehealth delivery. Further, supporting counselors and specialists who work with older adults to adopt telehealth platforms as a provider option is another important aspect of increasing access.

## Telehealth Intervention Examples

Licensed counselors employing telehealth services under Medicare should consider how to tailor interventions to best meet the population needs. Especially after the onset of the COVID-19 pandemic, therapeutic interventions that address a sense of social isolation are useful (Roy et al., 2023). Examples of interventions well-tailored for older adult services via telehealth include dignity therapy and group therapy, among other approaches.

Although the opportunity for connection and the ability to share the wisdom of life are protective factors for older adults, social isolation can impede this valuable exchange (Roy et al., 2023). Engaging in meaningful social interactions and sharing their accumulated wisdom brings fulfillment and contributes significantly to mental well-being. The concept of leaving a meaningful legacy, crucial in telehealth dignity therapy, has been noted as a protective factor in research (McAdams & de St. Aubin, 1992) and developmental theory (Erikson & Erikson, 1998). Unlike traditional dignity therapy, which was often used for those with terminal illnesses, telehealth dignity therapy was uniquely conducted with community-dwelling older adults, focusing on life review and legacy creation to combat depressive symptoms, anxiety, and cognitive decline (Fallon et al., 2024). This method's success underscores the value of legacy, which involves a need to contribute and serve others.

Engaging in telehealth interventions plays a significant role in enhancing mental health care for older adults, particularly in addressing feelings of loneliness and social isolation (Hofer & Hargittai, 2024). Activities like narrative writing, creative arts, and

physical exercises provide mental stimulation and emotional expression and foster a sense of community and belonging, which are crucial in remote care settings (Taylor et al., 2024). Notably, Zubatsky et al. (2020) highlighted the practical adaptation of the "Circle of Friends" program from an in-person group intervention to a telehealth format. "Circle of Friends" is a therapeutic model for older adults which includes structured group meetings to establish peer support. This program, originally designed to alleviate loneliness among older adults through various engaging activities, has shown significant results in its telehealth iteration, particularly during the COVID-19 pandemic. The successful transition of the "Circle of Friends" program to a remote delivery model underscores the feasibility and potential of such interventions in a telehealth setting, suggesting that counselors can adopt similar activity-based approaches to their telehealth practices.

## Public Access Telehealth

Given the trend of health disparities for older adult populations, telehealth could represent an opportunity to add privacy and accessibility to specialty services not otherwise available. However, telehealth interventions need to be tailored to the needs and consideration of underserved populations to adequately address mental health disparities (Mahtta et al., 2021). In that regard, the integration of community-based facilities with telehealth holds substantial promise in encouraging older adults to engage in mental healthcare services (Dalmer, 2017; DeGuzman et al., 2021). That is, there is a growing body of research about the pivotal role of community-based organizations, such as public libraries and senior centers, as trusted environments that foster well-being among older adults through a range of avenues, encompassing social welfare (Lenstra & Oguz, 2020); psychological health (Baluk et al., 2020; Steinman et al., 2023); and physical well-being (DeGuzman et al., 2022). Community resources, equipped with adequate internet connections, technological devices, and staff assistance, can offer practical solutions for older adults who lack the necessary equipment (Lenstra et al., 2022). Importantly, these community spaces, already recognized as welcoming environments for older generations, are more likely to embrace offering these services.

## TAPs

"Third spaces" such as libraries, community centers, and public parks play a pivotal role as community locations outside the home or clinical facilities where individuals, particularly older adults, can access supportive resources and social interactions, enhancing their well-being, especially among minoritized and marginalized groups (Buffel et al., 2023; Yarker et al., 2023). These spaces are crucial for neighborhood social infrastructure and for providing a sense of belonging and support, which is vital for mental health and social connectedness (Buffel et al., 2023; Lenstra et al., 2022).

Innovative approaches have been developed to establish TAPs within these third spaces, improving access for marginalized communities (Cortelyou-Ward et al., 2020; Fallon et al., 2024). TAPs, facilitated by community partners like libraries and senior centers, offer technology and internet for public use, ensuring older adults can access telehealth services in stigma-free environments (Northwest Region Telehealth Resource Center [NRTRC], 2023). This integration represents a significant advancement in telehealth practice, addressing barriers like lack of internet access, technology, or digital literacy and ensuring healthcare accessibility, especially in rural areas (DeGuzman et al., 2022).

Public libraries adhering to the American Library Association's (2021) Code of Ethics are particularly well-suited for this role, often providing reliable internet and technology support. Often accessible via public transportation, public libraries extend their reach to individuals with lower income, transportation barriers, and disabilities, aligning with the mission to offer community resources and promote broader access to mental healthcare, contributing to healthcare equity (DeGuzman et al., 2022). This integrated approach to using third spaces for TAPs underscores a community-wide commitment to enhancing mental healthcare accessibility for older adults. This support is crucial for those less comfortable with digital tools, facilitating their connection to mental health providers without requiring long-distance travel. Ensuring TAPs are strategically placed to serve as a more practical option than reaching a provider's office is imperative. This approach requires careful consideration of location, availability of support staff to assist with technology, and coordination with local transportation services to mitigate the barriers to accessing mental health care for older adults, regardless of location (Yarker et al., 2023). Addressing these logistical considerations thoroughly ensures equitable access to telehealth services for all older adults.

## Discussion

Considerations of telehealth to address mental health needs of older adult clients using Medicare could include provider knowledge about Medicare regulations of telehealth service delivery (CMS, 2023) and considerations of barriers preventing equitable access to telehealth care for older adults (Wardlow et al., 2022). Additionally, providers using telehealth as a service delivery medium for older adults need adequate training and knowledge in effective use of telehealth (Westcott et al., 2023). Although the COVID-19 pandemic was a catalyst for greatly increased usage of telehealth for various healthcare specialties (Zhu et al., 2024), mental health professionals might still be reluctant to use telehealth. Seeking training in effective, ethical, and legal use of telehealth services can provide methods for increasing access to care, because professionals already using telehealth and reluctant practitioners alike can benefit from ongoing training in a quickly evolving aspect of care. Telehealth platforms can also support a multidisciplinary approach to care for older adults with fewer limitations of scheduling or geography (Westcott et al., 2023) as well as a platform for collaboration among providers working with the same client.

Training and consultation platforms such as Project ECHO (Extension for Community Healthcare Outcomes; Agency for Healthcare Research and Quality, 2023) extend beyond mere connections with individual providers. Project ECHO is a global movement transforming the way education and knowledge are shared among healthcare professionals, enabling better care and treatment outcomes in underserved areas. The platform facilitates consulting opportunities with interdisciplinary groups across wide geographic areas, broadening the scope for collaboration. Through a hub-and-spoke model, healthcare providers engage in virtual networks for education and case consultation in focused care areas, such as geriatrics, enhancing their skills and capabilities. Online venues also provide broader access to training and professional support for counselors.

## Implementation of TAPs

Providing Medicare telehealth services using TAPs presents unique challenges, particularly concerning privacy for sensitive conversations. Balancing the accessibility of telehealth with the necessary privacy requires adapting to these community settings. Vital steps include training staff, including technology assistants, in compliance with medical privacy laws and telehealth confidentiality nuances (NRTRC, 2023). Modifying physical infrastructure to include private areas and secure internet connections is equally important and should include discussions with a community hosting space. Additionally, developing clear policies and procedures and ongoing education about privacy rights for staff and users is crucial to ensure a safe and effective telehealth experience for older adults (Wardlow et al., 2023).

Although TAPs improve accessibility for many older adults, addressing the distinctive challenges those in rural areas face, particularly regarding transportation, is essential. Although establishing TAPs offers a solution to accessing care (NRTRC, 2023), the benefit hinges on them being more conveniently located and accessible than traveling to a healthcare provider's office, which often is not the case in rural or remote areas due to inadequate public transportation combined with the mobility issues inherent among many older adults. Therefore, considering how to design TAPs specifically to support older adults represents an important step in expanding access to telehealth care. Implementing TAPs into nursing homes and residential facilities could significantly enhance mental healthcare accessibility for older adults with limited mobility, as a large portion of this population reside in such settings (Grant et al., 2015; United States Department of Health & Human Services, 2024). This approach provides convenience and ensures continuous and comprehensive care, especially for older adults with complex health needs.

## Implications for Policy Advocacy

Advocacy related to policy continues to be an important focus for licensed counselors, even after the successful addition of counselor taxonomy to the Medicare system. First, counselors can choose to pursue the process of becoming in-network for Medicare. There is a lack of mental health service providers in the Medicare network. A March 2024 report from the Department of Health and Human Services shared that in a sample of counties in the United States, fewer than five in-network mental health providers were available for each 1000 Medicare enrollees, including traditional and Medicare Advantage plans (Grimm, 2024).

As licensed counselors gain in-network status for Medicare, these providers will encounter a complex system of regulations and billing structures. Licensed counselors providing services to older adults using Medicare will need to practice awareness and advocacy related to Medicare policy. For example, the annual Physician Fee Schedule outlines policies, regulations, and reimbursement matrices for all Medicare providers (CMS, 2024). Annually, a critical advocacy action would be to review the draft Physician Fee Schedule and submit public comments related to needs that are not represented in the proposed regulations, or proposed changes that create barriers to services. Specifically, an opportunity for advocacy would be reviewing the upcoming



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version of the Physician Fee Schedule and rules, then submitting public comments; many telehealth rules are currently temporary allowances for telehealth service provision and are only extended to December 31, 2024 (Consolidated Appropriations Act, 2023). Further, knowledge about state-level policies that affect telehealth regulation and counselor scope of practice are also an important focus for ongoing awareness and advocacy involvement (Farrell et al., 2024). Additionally, the Counseling Compact could influence the ability of licensed counselors to provide telehealth services across state lines (DeDiego et al., 2023), which is crucial for serving Medicare clients effectively. Counselors can engage in advocacy related to state-level statute regulating licensing and scope of practice to support older adults seeking mental health care via telehealth.

## **Conclusion**

Licensed counselors can now bill for mental health services within the Medicare system, significantly enhancing care accessibility for older adults (Consolidated Appropriations Act, 2023). This policy change is timely, reflecting a growing recognition of the need to support the mental health of an aging population and paving the way for increased use of telehealth services. However, the successful implementation of telehealth for older adults requires more than just policy support and technological infrastructure. Factors such as technology familiarity and mental health stigma must be considered to design telehealth services that are not only accessible but also user-friendly for older adults (Martinson et al., 2024; Wardlow et al., 2023).

## References

- Agency for Healthcare Research and Quality (2023, March). Project *ECHO*. <https://www.ahrq.gov/patient-safety/settings/multiple/project-echo/index.html>
- American Library Association. (2021). *Code of ethics*. <https://www.ala.org/tools/ethics>
- Baluk, W. K., McQuire, S., Gillett, J., & Wyatt, D. (2020). Aging in a digital society: Exploring how Canadian and Australian public library systems program for older adults. *Public Library Quarterly*, 40(6), 521-539. <https://doi.org/10.1080/01616846.2020.1811612>
- Bogen, B., Tangen, G. G., & Ardle, R. M. (2023). Editorial: Mobility in older adults with cognitive impairment. *Frontiers in Aging Neuroscience*, 15, 1-2. <https://doi.org/10.3389/fnagi.2023.1257605>
- Buffel, T., Yarker, S., Phillipson, C., Lang, L., Lewis, C., Doran, P., & Goff, M. (2023). Locked down by inequality: Older people and the COVID-19 pandemic. *Urban Studies*, 60(8), 1465-1482. <https://doi.org/10.1177/00420980211041018>
- Centers for Medicare & Medicaid Services. (2023). *Medicare program: Physician fee schedule and other revisions to Part B for CY [2024]* (CMS-1784-F). U.S. Department of Health & Human Services. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1784-f>
- Centers of Medicare & Medicaid Services. (2024, March 18). *Physician fee schedule*. <https://www.cms.gov/medicare/payment/fee-schedules/physician>
- Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2022). Telehealth use among older adults during COVID-19: Association with sociodemographic and health characteristics, technology device ownership, and technology learning. *Journal of Applied Gerontology*, 41(3), 600-609. <https://doi.org/10.1177/07334648211047347>
- Consolidated Appropriations Act, 117 U.S.C. § 117-73 (2023). <https://www.congress.gov/bill/117th-congress/house-bill/2617>
- Constantino, R. E., Reyes, A. T., Scott, P. W., Petrie-Wyman, J., Carmack, S., Ramos, M. D., Palanisamy, B., Cuevas, P., Kang, H. K., Palompon, D. R., Hui, V., Burkart, R. E., & Allen, L. C. (2021). Life course in HEARTS: Enhancing telehealth resilience and mindfulness intervention in older adults experiencing abuse and trauma: A conceptualization. *Journal of Complementary and Alternative Medicine*, 3(1), 303-311. <https://doi.org/10.32474/OAJCAM.2021.03.000154>
- Cortelyou-Ward, K., Atkins, D. N., Noblin, A., Rotarius, T., White, P., & Carey, C. (2020). Navigating the digital divide: barriers to telehealth in rural areas. *Journal of Health Care for the Poor and Underserved*, 31(4), 1546-1556. <https://doi.org/10.1353/hpu.2020.0116>
- Coyle, C. E., & Dugan, E. (2012). Social isolation, loneliness and health among older adults. *Journal of Aging and Health*, 24(8), 1346-1363. <https://doi.org/10.1177/0898264312460275>
- Dalmer, N. K. (2017). Mind the gap: Towards the integration of critical gerontology in public library praxis. *Journal of Critical Library and Information Studies*, 1(1), 1-23. <https://doi.org/10.24242/jclis.v1i1.13>
- DeDiego, A. C., Maurya, R. K., Rujimora, J. Simineo, L., & Sears, G. (2023). Counseling and the interstate compact: Navigating ethical practice across state lines. *The Professional Counselor*, 13(3), 177-192. <https://doi.org/10.15241/ad.13.3.177>
- DeGuzman, P. B., Garth, J. L., Sanjay, K., & Compton, R. M. (2022). Extending health care access via telemedicine in public libraries. *Journal of the American Association of Nurse Practitioners*, 35(3), 208-215. <https://doi.org/10.1101/2022.08.16.22278852>
- DeGuzman, P. B., Jain, N., & Loureiro, C. G. (2021). Public libraries as partners in telemedicine delivery: A review and research agenda. *Public Library Quarterly*, 41(3), 294-304. <https://doi.org/10.1080/01616846.2021.1877080>
- Emler, C. A. (2016). Social, economic, and health disparities among LGBT older adults. *Generations*, 40(2), 16-22. <https://doi.org/10.1891/9780826146991.0013>
- Erikson, E. H., & Erikson, J. M. (1998). *The life cycle completed* (Extended Version). WW Norton & Company.
- Fallon, J., Bhar, S., & Quinn, S. (2024). Telehealth dignity therapy for community-dwelling older adults: Feasibility and potential efficacy. *Journal of Positive Psychology*. Advance online publication. <https://doi.org/10.1080/17439760.2023.2298957>
- Farrell, I. C., DeDiego, A. C., Maurya, R. K., Oillia, A., Crumpton, C., & Lincoln, A. (2024). Trends in telehealth: a content analysis of state-level legislation. *Journal of Counselor Leadership and Advocacy*. Advance online publication. <https://doi.org/10.1080/2326716X.2024.2345113>
- Forrester, S. N., Taylor, J. L., Whitfield, K. E., & Thorpe, R. J. (2020). Advances in understanding the causes and consequences of health disparities in aging minorities. *Current Epidemiology Reports*, 7(2), 59-67. <https://doi.org/10.1007/s40471-020-00234-5>

- Gerlach, L. B., Maust, D. T., Solway, E., Kirch, M., Kullgren, J. T., Singer, D. C., & Malani, P. N. (2022). Perceptions of overall mental health and barriers to mental health treatment among U.S. older adults. *The American Journal of Geriatric Psychiatry*, 30(4), 521–526. <https://doi.org/10.1016/j.jagp.2021.09.006>
- Goetz, C. J., Mushquash, C. J., & Maranzan, A. (2023). An integrated review of barriers and facilitators associated with mental health help seeking among indigenous populations. *Psychiatric Services*, 74(3), 272-281. <http://doi.org/10.1176/appi.ps.202100503>
- Grant, L. A., Rockwood, T., & Stennes, L. (2015). Client satisfaction with telehealth in assisted living and homecare. *Telehealth and e-Health*, 21(12), 987-991. <https://doi.org/10.1089/tmj.2014.0218>
- Grimm, C. A. (2024). *A lack of behavioral health providers in Medicare and Medicaid impedes enrollees' access to care* (Report No. OEI-02-22-00050). Department of Health and Human Services Office of Inspector General. <https://oig.hhs.gov/documents/evaluation/9844/OEI-02-22-00050.pdf>
- Health Resources & Services Administration. (2023, June 7). *Telehealth policy changes after the COVID-19 public health emergency*. <https://telehealth.hhs.gov/providers/telehealth-policy/policy-changes-after-the-covid-19-public-health-emergency#permanent-medicare-changes>
- Health Resources & Services Administration. (2024, February 21). *Licensure for behavioral health*. <https://telehealth.hhs.gov/licensure/licensure-for-behavioral-health#state-licensure-requirements-for-behavioral-health-professionals>
- Hilty, D. M., Gentry, M. T., McKean, A. J., Cowan, K. E., Lim, R. F., & Lu, F. G. (2020). Telehealth for rural diverse populations: Telebehavioral and cultural competencies, clinical outcomes and administrative approaches. *MHealth*, 6, 1-19. <https://doi.org/10.21037/mhealth.2019.10.04>
- Hofer, M., & Hargittai, E. (2024). Online social engagement, depression, and anxiety among older adults. *New Media & Society*, 26(1), 113-130. <https://doi.org/10.1177/14614448211054377>
- Implementation of a Land Acknowledgement Statement for ASUW senate meetings, Senate Bill 2699, Associated Students of the University of Wyoming. (2020). [https://www.uwyo.edu/asuw/\\_archived/legislation/2019-2020-pdf-files/sb-2699.pdf](https://www.uwyo.edu/asuw/_archived/legislation/2019-2020-pdf-files/sb-2699.pdf)
- Kessler, E. M., Agines, S., & Bowen, C. E. (2015). Attitudes towards seeking mental health services among older adults: Personal and contextual correlates. *Aging & Mental Health*, 19(2), 182-191. <https://doi.org/10.1080/13607863.2014.920300>
- Kuwert, P., Pietrzak, R. H., & Glaesmer, H. (2013). Five things to know about: trauma and posttraumatic stress disorder in older adults. *Canadian Medical Association Journal*, 185(8), 685. <https://doi.org/10.1503/cmaj.120866>
- Lamoureux-Lamarche, C., & Vasiliadis, H. (2017). Lifetime traumatic events, health-related quality of life, and satisfaction with life in older adults. *Quality of Life Research*, 26, 2683-2692. <https://doi.org/10.1007/s11136-017-1593-6>
- Lenstra, N., & Oguz, F. (2020). Physical and social health at the library: Studying small and rural public libraries as venues for group fitness among older adults. *Proceedings of the Association for Information Science and Technology*, 57(1), 25-29. <https://doi.org/10.1002/pr2.211>
- Lenstra, N., Oguz, F., D'Arpa, C., & Wilson, L. S. (2022). Exercising at the library: Small and rural public libraries in the lives of older adults. *Library Quarterly*, 92(1), 5-23. <https://doi.org/10.1086/717232>
- Mackenzie, C. S., & Pankratz, L. (2022). Perceived need, mental health literacy, neuroticism and self-stigma predict mental health service use among older adults. *Clinical Gerontologist*, Advance online publication. <https://doi.org/10.1080/07317115.2022.2058440>
- Mackenzie, C. S., Scott, T., Mather, A., & Sareen, J. (2008). Older adults' help-seeking attitudes and treatment beliefs concerning mental health problems. *The American Journal of Geriatric Psychiatry*, 16(12), 1010-1019. <https://doi.org/10.1097/JGP.0b013e31818cd3be>
- Mahtta, D., Daher, M., Lee, M. T., Sayani, S., Shishehbor, M., & Virani, S. S. (2021). Promise and perils of telehealth in the current era. *Current Cardiology Reports*, 23(115), 1-6. <https://doi.org/10.1007/s11886-021-01544-w>
- Mao, A., Tam, L., Xu, A., Osborn, K., Sheffrin, M., Gould, C., Schillinger, E., Martin, M., & Mesias, M. (2022). Barriers to telemedicine video visits for older adults in independent living facilities: Mixed methods cross-sectional needs assessment. *JMIR Aging*, 5(2), Article e34326. <https://doi.org/10.2196/34326>
- Martinson, A., Johnson, K., & Wong, S. (2024). Examining the efficacy of a Brief Cognitive-Behavioral Therapy for chronic pain (Brief CBT-CP) group delivered via VA Video Connect (VVC) among older adult veterans. *Clinical Gerontologist*, 47(1), 122-135. <https://doi.org/10.1080/07317115.2023.2186303>
- Maschi, T., Viola, D., & Morgen, K. (2013). Unraveling trauma and stress, coping resources, and mental well-being among older adults in prison: Empirical evidence linking theory and practice. *The Gerontologist*, 54(5), 857-867.

- <https://doi.org/10.1093/geront/gnt069>
- McAdams, D. P., & de St. Aubin, E. (1992). A theory of generativity and its assessment through self-report, behavioral acts, and narrative themes in autobiography. *Journal of Personality and Social Psychology*, *62*(6), 1003-1015. <https://doi.org/10.1037/0022-3514.62.6.1003>
- Morland, L., Wells, S., Glassman, L. H., Greene, C. J., Hoffman, J. E., & Rosen, C. S. (2020). Advances in PTSD treatment delivery: Review of findings and clinical considerations for the use of telehealth interventions for PTSD. *Current Treatment Options in Psychiatry*, *7*, 221-241. <https://doi.org/10.1007/s40501-020-00215-x>
- Myers, C. R. (2019). Using telehealth to remediate rural mental health and healthcare disparities. *Issues in Mental Health Nursing*, *40*(3), 233-239. <https://doi.org/10.1080/01612840.2018.1499157>
- National Institute on Aging. (2023, July 21). *Elder abuse*. <https://www.nia.nih.gov/health/elder-abuse/elder-abuse>
- Northwest Region Telehealth Resource Center. (2023). *TAP into telehealth: Innovative models of telehealth access points (TAPs)* [Webinar]. National Consortium of Telehealth Resource Centers. <https://telehealthresourcecenter.org/resources/webinars/tap-into-telehealth-innovative-models-of-telehealth-access-points-tap>
- Rollandi, I., Solomonov, N., Culver, C., Olivia, F., Carter, E., Banerjee, S., & Sirey, J. A. (2024). Suicidal ideation and treatment response among depressed elder abuse victims. *The American Journal of Geriatric Psychiatry*, *32*(4), S51-S52. <https://doi.org/10.1016/j.jagp.2024.01.123>
- Roy, K., Smilowitz, S., Bhatt, S., & Conroy, M. L. (2023). Impact of social isolation and loneliness in older adults: current understanding and future direction. *Current Geriatrics Reports*, *12*, 138-148. <https://doi.org/10.1007/s13670-023-00393-5>
- Shim, R., & Rust, G. (2013). Primary care, behavioral health, and public health: Partners in reducing mental health stigma. *American Journal of Public Health*, *103*(5), 774-774. <https://doi.org/10.2105/AJPH.2013.301214>
- Steinman, L. E., Parrish, A. T., Kohn, M. J., Wu, S., Hara-Hubbard, K. K., Brown, L., Imam, S., Baquero, B., Hannon, P. A., & Snowden, M. B. (2023). Partnering with community-based organizations to improve equitable access to depression care for underserved older adults in the U.S.: Qualitative formative research. *Frontiers in Public Health*, *10*, 1-12. <https://doi.org/10.3389/fpubh.2022.1079082>
- Stewart, H., Jameson, J. P., & Curtin, L. (2015). The relationship between stigma and self-reported willingness to use mental health services among rural and urban older adults. *Psychological Services*, *12*(2), 141-148. <https://doi.org/10.1037/a0038651>
- Taylor, D. W. M., Talyor, L. F., Collier, N. B., Miller, S. W., Stillman, M. A., & Fyle-Thorpe, O. (2024). Health humanities-focused interprofessional education for age-friendly care using photography and the 4Ms framework: A curricular short report. *Journal of Interprofessional Education & Practice*, *34*, Article 100694. <https://doi.org/10.1016/j.xjep.2023.100694>
- Turgoose, D., Ashwick, R., & Murphy, D. (2018). Systematic review of lessons learned from delivering tele-therapy to veterans with post-traumatic stress disorder. *Journal of Telemedicine and Telecare*, *24*(9), 575-585. <https://doi.org/10.1177/1357633X17730443>
- United States Census Bureau. (2023, May 25). *U.S. older population grew from 2010 to 2020 at fastest rate since 1880 to 1890*. <https://www.census.gov/library/stories/2023/05/2020-census-united-states-older-population-grew.html>
- United States Department of Health & Human Services. (2024, April 3). *Nursing homes*. <https://oig.hhs.gov/reports-and-publications/featured-topics/nursing-homes>
- Vahia, I. V., Jeste, D. V., & Reynolds, C. F. (2020). Older adults and the mental health effects of COVID-19. *JAMA*, *324*(22), 2253-2254. <https://doi.org/10.1001/jama.2020.21753>
- Vang, C., Sieng, M., & Zheng, M. (2023). Conceptualizing loneliness among a Hmong older adult group: Using an intersectional framework. *Asian American Journal of Psychology*, *14*(4), 340-349. <https://doi.org/10.1037/aap0000307>
- Wardlow, L., Leff, B., Biese, K., Roberts, C., Archbald-Pannone, L., Ritchie, C., DeCherrie, L. V., Sikka, N., & Gillespie, S. M. (2022). Development of telehealth principles and guidelines for older adults: A modified Delphi approach. *Journal of the American Geriatrics Society*, *71*(2), 371-382. <https://doi.org/10.1111/jgs.18123>
- Wardlow, L., Roberts, C., & Archbald-Pannone, L. (2023). Perceptions and uses of telehealth in the care of older adults. *Telemedicine and e-Health*, *29*(8), 1143-1151. <https://doi.org/10.1089/tmj.2022.0378>
- Weiskittle, R., Tsang, W., Schwabenbauer, A., Andrew, N., & Mlinac, M. (2022). Feasibility of a COVID-19 rapid response telehealth group addressing older adult worry and social isolation. *Clinical Gerontologies*, *45*(1), 129-143. <https://doi.org/10.1080/07317115.2021.1906812>

- Westcott, J. B., Castagna, N., Maker, M., Musci, J., Gowen, M., Wiley, B., Comire, B., Patterson, A., Fullen, M. C. (2023). Connecting with clients in later life: The use of telebehavioral health to address older adults' mental health needs. *Adultspan Journal*, 22(1), Article 1. <https://doi.org/10.33470/2161-0029.1144>
- Wu, M., Li, C., Hu, T., Zhao, X., Qiao, G., Gao, X., Zhu, X., & Yang, F. (2024). Effectiveness of telehealth interventions on depression symptoms among older adults: Systematic review and meta-analysis. *JMIR Mhealth Uhealth*, 12, Article e50787. <https://doi.org/10.2196/50787>
- Yarker, S., Doran, P., & Buffel, T. (2023). Theorizing "Place" in aging in place: The need for territorial and relational perspectives. *The Gerontologist*, 64(2), 1-6. <https://doi.org/10.1093/geront/gnad002>
- Zamir, S., Hennessy, C. H., Taylor, A. H., & Jones, R. B. (2018). Video-calls to reduce loneliness and social isolation within care environments for older people: An implementation study using collaborative action research. *BMC Geriatrics*, 18(62), 1-13. <https://doi.org/10.1186/s12877-018-0746-y>
- Zhu, D., Paige, S. R., Slone, H., Gutierrez, A., Lutzky, C., Hedriana, H., Barrera, J. F., Ong, T., & Bunnell, B. E. (2024). Exploring telemental health practice before, during, and after the COVID-19 pandemic. *Journal of Telemedicine and Telecare*, 30(1), 72-78. <https://doi.org/10.1177/1357633x211025943>
- Zubatsky, M., Berg-Weger, M., & Morley, J. (2020). Using telehealth groups to combat loneliness in older adults through COVID-19. *Journal of the American Geriatrics Society*, 68(8), 1678-1679. <https://doi.org/10.1111/jgs.16553>