

MENTAL HEALTH SERVICES FOR PERSONS WITH MENTAL ILLNESS AND CO-OCCURRING COGNITIVE IMPAIRMENT

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MENTAL ILLNESSES WHICH CO-OCCUR WITH DEMENTIA

- Many persons with Alzheimer's disease and other dementias also have co-occurring mental illnesses, for example:
 - Persons with severe mental illness such as Schizophrenia, Bipolar Disorder, PTSD, etc. develop dementia.
 - Persons with Schizophrenia are at higher risk of developing dementia.
 - Persons who develop a dementia often also have a Depression or Anxiety Disorder.
 - Persons with dementia also develop aggression and other behavioral disorders.

MENTAL ILLNESSES WHICH CO-OCCUR WITH DEMENTIA

- Approximately 30 - 55% of persons with dementia also have depression
- At least 20 % of persons with dementia also have an anxiety disorder (could be as high as 80%)
- Many persons with dementia demonstrate psychotic symptoms
- Many persons with dementia demonstrate agitation and other behavioral disturbances

MENTAL HEALTH TREATMENT CAN HELP PERSONS WITH CO-OCCURRING DEMENTIA AND MENTAL ILLNESS, FOR EXAMPLE

- Psychotropic medications
- Supportive Counseling/ Psychotherapy
- Mental Health Case Management
- Emergency response
- Hospitalization
- Support groups for patients
- Support groups for caregivers

MENTAL HEALTH TREATMENT CAN HELP PERSONS WITH CO-OCCURRING DEMENTIA AND MENTAL ILLNESS FOR EXAMPLE,

- Cognitive Behavioral Therapy has been found to be effective in reducing depression and anxiety in persons with dementia (Spector et al., 2015).
- Brian Carpenter, K. Ruckdeschel, H. Ruckdeschel & K. Van Hartsma (2004) have demonstrated preliminary data on the effectiveness treating depression with psychotherapy in residents with dementia with their protocol: “Restore, Empower, Mobilize.”

MEDI-CAL & MEDICARE REGULATIONS

- Both Medi-Cal and Medicare have similar regulations regarding billing for mental health services for a person with dementia and a co-occurring mental illness.

ACCORDING TO THE CALIFORNIA STATE BILL 639 REPORT (2003)

- “Improving Access to Mental Health Services for Persons with Alzheimer’s Disease and Related Disorders”
(http://www.aging.ca.gov/publications/SB639_final.pdf)
- “An individual with dementia would not be excluded from receiving mental health services as long as he or she also meets medical necessity criteria for medically necessary mental health services.”

MEDI-CAL REQUIREMENTS:

- Medical Necessity criteria are described in Title 9, Chapter 11, Section 1830.205. Medical Necessity Criteria for MHP Reimbursement of Specialty Mental Health Services.
- The beneficiary must meet criteria outlined in (1), (2), and (3) below to be eligible for services:
 - (1) **Be diagnosed by the MHP with one of the following diagnoses in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:**
 - (2) **Must have at least one of the following impairments** as a result of the mental disorder(s) listed in subdivision (1) above:
 - (a) A significant impairment in an important area of life functioning.
 - (b) A probability of significant deterioration in an important area of life functioning.

MEDI-CAL REQUIREMENTS:

(3) Must meet each of the intervention criteria listed below:

(a) The focus of the proposed intervention is to address the condition identified in (2) above.

(b) The expectation is that the proposed intervention will:

(1) Significantly diminish the impairment, or

(2) Prevent significant deterioration in an important area of life functioning, or

(3) The condition would not be responsive to physical health care based treatment.

MEDI-CAL REQUIREMENTS

When the requirements of this section are met, beneficiaries shall receive specialty mental health services for a diagnosis included in subsection (b)(1) even if a diagnosis that is not included in subsection (b)(1) is also present.

MEDI-CAL

- It should be noted that this medical necessity criteria does not include the DSM-IV “Cognitive Disorders” category, which includes dementia due to general medical conditions. An individual with dementia may exhibit a mental disorder that meets the medical necessity criteria (e.g., mood disorder, anxiety disorder, etc.). But the DSM evaluation criteria also include a determination that this mental disorder is not better accounted for by another disorder.
- This component of the criteria can be used to argue that the disease causing the dementia (e.g., Alzheimer’s, Parkinson’s, etc.) better accounts for the depression, delusions, etc. Such an evaluation would result in the individual not meeting the medical necessity criteria for mental health services.

MEDICARE DEMENTIA GUIDELINES FOR PSYCHOTHERAPY (2009)

- **Cognitive capacity of patient:**
- The person receiving must have the **cognitive ability to meaningfully participate in the therapeutic process.**
- The patient must be:
 - **oriented to person,**
 - **be able to process information,**
 - **recognize different individuals,**
 - **express thoughts** through verbal or nonverbal means, and
 - **retain and apply concepts** from one session to the next.

The patient's capacities must clearly support the expectation of improvement.

The patient must have a primary mental health diagnosis (including depression, anxiety, etc.) to which the psychotherapy plan is targeted.



MEDICARE DEMENTIA GUIDELINES 2009

- This section does not disallow medically appropriate psychotherapeutic treatment of concomitant disorders, such as **agitation, depression, anxiety, delusions, hallucinations,** and **sleep impairment** where psychotherapeutic services *per se* are likely to yield significant benefit.

- However, persons with Alzheimer's and related disorders often do not receive mental health services

EXAMPLES

- Man develops Alzheimer's disease and is in the early stage of it. He develops a Major Depressive Disorder. Psychotherapy involving Cognitive Behavioral or Reminiscence approaches could aid him, but due to the diagnosis of Alzheimer's Disease the mental health clinic will not take him as a client.

EXAMPLES

- Older adult living alone in the community comes to the attention of APS due to self neglect. Psychiatric emergency team is called to evaluate her. She is depressed, has cognitive impairment and is delusional/suspicious. After a brief hospitalization she is discharged. Community mental health agency says it is unable to take her on as a client due to the cognitive impairment. She declines and is found dehydrated and malnourished a month later. Supportive mental health treatment plus mental health case management could have supported her to engage in healthier nutritional behaviors and prevented the decline.

EXAMPLES

- A mental health clinic receives a referral to treat a client who has moderate dementia and has had a diagnosis of schizophrenia for most of her adult life. The mental health clinic refuses her services due to the diagnosis of dementia.
- The family needs to continue her antipsychotic medications for her preexisting schizophrenia, and the woman's Primary Care Physician will not prescribe an antipsychotic.
- The woman's condition worsens and she is institutionalized when she could continue to live with family with the proper medication.

EXAMPLES

- Husband of Alzheimer's patient who participated in this State Committee talked several times about calling the psychiatric emergency team when his wife was becoming combative. While they started to evaluate her for admission to a hospital, once they heard that she had been diagnosed with Alzheimer's disease, they refused to take her to a hospital.

EXAMPLES

- Please see pages 13-17 of “Mental Health Services for Californians with Alzheimer’s Disease” (Prepared for the Alzheimer’s Association by Cordula Dick-Muehlke, Ph.D.) for more examples.

POSSIBLE REASONS FOR LACK OF MENTAL HEALTH SERVICES

- A belief among mental health providers that Medi-Cal & Medicare won't reimburse mental health claims if the patient has dementia
- Lack of training in how to help a person with dementia and mental health needs
- Stigma
- Erroneous belief that mental health interventions can't be effective in people with dementia
- Budget shortfalls leading to reduced funding for caring for persons with dementia
- Funding divisions between the medical health field and the mental health field

POSSIBLE REASONS FOR LACK OF MENTAL HEALTH SERVICES (CONT.)

Mental health professionals are often under the impression that if cognitive impairment occurs prior to the onset of the mental illness, or when cognitive impairment or dementia is the larger problem in a person's life, that Medi-Cal and Medicare reimbursement for mental health services will be denied.

This may be due to a misunderstandings of the concepts of "primary" or "principal" diagnosis. The "primary" diagnosis is often seen as what came first, or what is the most important cause of the client's problems.



POSSIBLE REASONS FOR LACK OF MENTAL HEALTH SERVICES (CONT.)

However, DSM V (Desk reference version, p. 9), using the word “principal” and not “primary” indicates:

“When more than one diagnosis is given for an individual in an outpatient setting, the *reason for visit* is the condition that is chiefly responsible for the ambulatory care medical services received during the visit. In most cases, the **principal** diagnosis or the reason for the visit is also the main focus of attention or treatment. It is often difficult (and somewhat arbitrary) to determine which diagnosis is the principal diagnosis or the reason for visit, especially in situations of ‘dual diagnosis.’”



WHAT COULD BE DONE

- Educate mental health providers about the right of persons with dementia to receive mental health services.
- Educate mental health providers that the definition of “principal diagnosis” means the diagnosis they are treating, not what the biggest problem is.
- Train mental health professionals on ways to provide effective mental health treatment to persons with cognitive impairment.
- Work to integrate the service provision streams of the medical and mental health fields.

WHAT COULD BE DONE (CONT.)

- Fund efforts to provide crisis services for persons with cognitive impairment, especially when they:
 - Are in crisis
 - Need hospitalization.
- Improve financing for services in medical and mental health fields for treating persons with co-occurring cognitive impairment and mental illness.
- Please see page 18 of “Mental Health Services for Californians with Alzheimer’s Disease” (Prepared for the Alzheimer’s Association by Cordula Dick-Muehlke, Ph.D.) for more suggestions.

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