

PROVIDER GUIDANCE

Dementia and Mental Health

Individuals with co-occurring dementia (including Alzheimer's disease and other dementias) and mental health or behavioral disorders are not uncommon within the health care system. However, these individuals have frequently been denied access to services due to the presence of a dementia diagnosis. Further, the development of a late life dementia in individuals with a history of mental illness sometimes also results in a loss of access to mental health services.



This lack of access to services is due, in part, to a misperception that mental health providers cannot provide effective or reimbursable services if the intended client has a diagnosis or symptoms of a dementia or another neurocognitive disorder. However, regulations governing each of the primary payers (Medicare, Medi-Cal and private insurance markets) specify that individuals are to receive access to services even when there is a co-occurring dementia diagnosis, according to the criteria discussed below.

Determining appropriate services will depend on the needs of each person, and his or her degree of cognitive impairment. Available mental health services may include, but are not limited to: case management, counseling and psychotherapy, antipsychotic and psychotropic medications, crisis intervention and stabilization, and psychiatric hospitalization.

Medi-Cal

Individuals with co-occurring dementia (including Alzheimer's disease and other dementias) and mental health or behavioral disorders or symptoms are entitled to seek services from specialty mental health providers if they meet medical necessity criteria in Title 9, Code of Regulations (CCR), Section 1830.205. This regulation also specifies that individuals with one of the 18 eligible mental health diagnoses cannot be excluded from accessing mental health services simply due to the presence of a condition that is not covered in Title 9, CCR, Section 1830.205(b)(1).

Specialty mental health services for persons with co-occurring mental illness and cognitive impairment may be reimbursable through Medi-Cal when:

1. The person meets the criteria for a covered mental health diagnosis (see <http://www.dhcs.ca.gov/services/MH/Documents/Title9MedicalNecessityCriteria.pdf>)
2. The person has significant impairment in life functioning or the probability of significant deterioration in life functioning.
3. The proposed mental health intervention focuses on the mental health diagnosis.
4. The intervention is expected to diminish the impairment or prevent significant deterioration and the condition would not be responsive to physical health care treatment.
5. Dementia is not the only behavioral health disorder exhibited by the person.
6. The mental health diagnosis (e.g., schizophrenia, depression, anxiety, etc.) is the focus of the treatment.

Medi-Cal beneficiaries who do not meet the criteria in Title 9, CCR, Section 1830.205 for specialty mental health services may be eligible to receive mental health services from their Medi-Cal Managed Care plan. Beneficiaries in a Medi-Cal managed care health plan who have co-occurring cognitive impairment and a mental health illness are entitled to seek treatment with the health plan for their cognitive impairment and their mental health needs. Services for mental health and cognitive impairments can be accessed through a referral provided by the beneficiary's primary care provider (PCP) or can be provided by the PCP if it is within their scope of practice. The scope of services and description of beneficiary eligibility for mental health services is outlined in All Plan Letter 17-018 ("MEDI-CAL MANAGED CARE HEALTH PLAN RESPONSIBILITIES FOR OUTPATIENT MENTAL HEALTH SERVICES" <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-018.pdf>), which also includes a comparison table of services available through the managed care health plan versus the county mental health plan.

Medicare

Under Medicare, covered outpatient services include individual, family and group psychotherapy, psychiatric diagnostic interview, pharmacologic management, ECT, psychological and neuropsychological tests, and psychiatric collaborative care management.¹ Services must be "reasonable and necessary," i.e., there must be a mental health diagnosis to which the service is targeted and there must be reasonable expectation of improvement or prevention of regression due to the psychotherapy services.

¹DHHS, CMS, [Mental Health Services](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mental-Health-Services-Booklet-ICN903195.pdf), January 2015. (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mental-Health-Services-Booklet-ICN903195.pdf>)

Private Insurance

Generally, private insurance provides coverage of mental health services for persons with a mental disorder regardless of whether they also have Alzheimer's disease or another form of dementia. However, the coverage can vary depending on whether a person is enrolled in a health care service plan, such as an HMO, or in an insurance product, such as an indemnity. While treatment of mental health disorders can further vary depending on whether the coverage is purchased by an individual and family or is provided by a small group employer or large group employer, covered persons are entitled to seek mental health services.

