

# **DEVELOPMENTAL DISABILITY GUIDELINE: Tips for CMHC Staff**

## **INTRODUCTION**

**Persons who have developmental disabilities (Autism, Mental Retardation, Asperger's, Pervasive Developmental Disorder, etc) often need mental health services. Since the diagnoses of DD are not covered diagnoses under the Medicaid Community Mental Health Program (BHO, CHN), we may have mistakenly denied MH services to these clients when they do have co-morbid BHO covered diagnoses. The STATE of COLORADO has tried to address this by putting forth a new guideline for treating Mental Health issues that co-occur in the DD population.**

### **CMHC Staff Procedures**

- ✚ Do not think of the client in terms of Primary versus Secondary diagnosis distinctions.**
- ✚ Any DD client who also has a BHO covered MH diagnosis has the right to MH treatment.**
- ✚ Any DD client has the right to a comprehensive face-to-face mental health assessment upon request. CMHC clinicians CANNOT SCREEN CLIENTS ON THE TELEPHONE.**
- ✚ Any DD client in acute crisis or emergent situations is entitled to a MH assessment by a CMHC clinician.**
- ✚ IF THERE IS A COVERED MH DIAGNOSIS, THE CMHC IS RESPONSIBLE FOR TREATING THAT DIAGNOSIS AT THE APPROPRIATE LEVEL OF CARE or arranging for treatment with an appropriate provider.**
- ✚ If no covered diagnosis is found, or if a prior covered diagnosis is no longer present on assessment, the CMHC clinician MUST CONSULT with a CMHC psychiatrist for confirmation.**
- ✚ Even when no BHO covered diagnosis has been found on prior assessment, clients are entitled to reassessment after 120 days. The 120 day timeframe does not apply if new symptoms or behaviors occur, or if a change in Mental Status is evident, or IF the member is in crisis. Under these circumstances the Member is entitled to a re-assessment upon request.**

- ✚ In ALL cases where no BHO covered diagnosis is found and the CMHC chooses not to offer treatment, the CMHC clinician must contact the CHN Service Center immediately (1-800-804-5008) and a denial of service recommended. CHN will evaluate the recommendation and will, if appropriate, issue a formal notice of action (denial letters) that complies with the Medicaid contract.**
  
- ✚ As in all cases, treatment should be provided at the least restrictive level of care. If the member or guardian requests a higher level of care than is necessary, and does not accept an alternative recommendation, the CMHC clinician must contact the CHN Service Center (1-800-804-5008) for consultation.**
  
- ✚ If an emergency assessor can not determine whether the DD client has an active MH diagnosis or not, but the client is so disruptive that they require the containment of an inpatient setting, the assessor should recommend inpatient treatment and contact CHN to “pend” an authorization until more diagnostic information is available to determine the final payer source.**

### **SAMPLE SITUATIONS**

**1. A case manager brings in a developmentally disabled teenager who was disruptive at school, became enraged towards teachers and peers, and made threatening comments to police and professionals. He has a diagnosis of Autism with Intermittent Explosive Disorder by history. He has thrown tantrums like this numerous times over the past several years and has been hospitalized 3 times. He calms down quickly and is able to self soothe when taken out of the stimulating environment. The request is for inpatient hospitalization to stabilize him again as the school is refusing to have him back on campus tomorrow. He presents much calmer now in the ER and shows no signs of agitation. What do you do? You utilize the level of care guidelines to recommend an appropriate outpatient plan to treat the Intermittent Explosive Disorder. You consult with a CHN Care Manager and Medical Director, Dr. Holsenbeck, regarding your assessment. Dr. Holsenbeck is responsible for the final determination regarding inpatient services and in this case would most likely issue a denial based on the current presentation of the youth. If Dr. Holsenbeck denied inpatient care, CHN would send denial letters. You would need to set up a follow up plan with your outpatient team to include the psychiatrist if the member is on medications. DENIAL IN THIS CASE IS FOR THE INPATIENT LEVEL OF CARE ONLY AND NOT DUE TO A LACK OF COVERED DIAGNOSIS.**

**2. A case manager brings a client in for a routine intake appt. informing you that client is on an SSRI medication and needs psychiatric follow up to keep the prescription current. You do a face-to-face evaluation and determine that the client does not have any MH diagnosis. What do you do?**

**First, you have your M.D. evaluate this client to determine if he or she agrees with your finding that the client does not have a MH diagnosis. If he/she concurs with you, place a phone call to CHN so that Dr. Holsenbeck can review for the final determination. THE ADDITIONAL STEP OF REVIEWING WITH YOUR CENTER'S M.D. IS ONLY REQUIRED FOR CLIENTS WITH A DD DIAGNOSIS.**

**3. A parent brings in their child for MH services because they need added support to maintain the child in the home. You believe the child may have a MH diagnosis (Mood Disorder NOS) co-occurring with the DD (Autism), but you believe the child will not benefit from any therapies your center has to offer given the severity of the Autism. You are concerned that just providing services to the parent is in violation of Medicaid rules and you believe the parent should access the DD system for a better outcome. What do you do?**

**We are required to treat the MH diagnosis of Mood Disorder NOS, and should advocate for the client/family to access appropriate services in the community. If your Center does not have expertise with the DD population, contact CHN for a consultation regarding who in the community may be able to help this severely Autistic child. CHN will help find a provider and develop a treatment plan that addresses the client's needs and parent's request.**

#### **IN CLOSING**

**DD cases can be difficult diagnostic challenges. They also offer treatment challenges. Please refer to the Website at [CHNPartnerships.com](http://CHNPartnerships.com) when you require updated information on MH/DD co-occurring guideline information. Please also use our Clinical Staff for consultation by calling 1-800-804-5008 to discuss these cases and dispositions.**