Mental Health Services for Californians   
with Alzheimer’s Disease or Other Dementia

Access to mental health services for people affected by Alzheimer’s disease or other dementias is a longstanding and growing concern of the California Alzheimer’s Disease and Related Disorders Advisory Committee.

People living with dementia and comorbid mental health or behavioral symptoms continue to face barriers when seeking treatment for conditions such as depression, anxiety, and psychosis although they are eligible for mental health services. Many service providers misinterpret coverage regulations, thinking that they cannot get reimbursed for mental health services if the patient has cognitive impairment, (e.g., Alzheimer’s disease or another dementia).[[1]](#footnote-1) This informational memo is meant to provide basic information about the availability of these services; this is not a policy document or a legal interpretation.

A workgroup of experts convened by the Alzheimer’s Disease and Related Disorders Advisory Committee developed the attached fact sheets to increase both provider and consumer knowledge about mental health services for people with dementia.

The provider fact sheet clarifies eligibility for services under Medi-Cal, Medicare and in the private insurance market. The consumer fact sheet seeks to educate people with dementia and their care partners about common comorbid mental health conditions as well as the availability and benefits of mental health services and how to access them.

Provider Page

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.[[2]](#footnote-2) 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 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.[[3]](#footnote-3) 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.

**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.

Consumer Guidance

Dementia and Mental Health

Although a decline in memory is the most commonly understood impact of Alzheimer’s disease and related dementias, over 97% of people living with a dementia will also experience mental or behavioral health issues.[[4]](#footnote-4) In some cases, the presence of dementia can aggravate existing mental health conditions. In others, new mental health concerns develop.

In addition to cognitive symptoms, the person with dementia may experience:

* Depression
* Anxiety
* Agitation
* Paranoia/Suspicion
* Verbal or Physical Aggression

The person’s care partner may also experience mental health issues, such as depression and anxiety, as a result of their caregiving role. It is important to know that **both the person with dementia and the care partner have the right to be evaluated for mental health services.** This right exists even when dementia is present.

Mental health services, such as counseling, case management and, where needed, medication, can help to address these issues and lead to a higher quality of life for the individual with dementia and their care partner. Unfortunately, at the time of diagnosis, many health care professionals do not talk with families about the mental health issues that may develop, leaving families unprepared to recognize and address mental health and behavioral symptoms.

Accessing Services

If you are concerned about the impact mental health issues are having on you/your loved one, contact your doctor and ask for a mental health referral. Talking with a mental health professional can help you decide if you or your loved one would benefit from services such as counseling, medication, and case management.

If you or your loved one are experiencing more severe mental health issues and are on Medi-Cal, call your County Department of Mental Health. A list of all County Mental Health emergency numbers can be found at (<http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>).

If you are in immediate crisis, you have the right to request assistance from the County Mental Health Plan, including services from a Psychiatric Mobile Response Team where available. In addition, the County can provide you with access to a variety of ongoing mental health services/supports if you meet medical necessity criteria for specialty mental health services.

If the situation is life threatening, call 911.

For additional help accessing mental health services, call the following Helplines:

Alzheimer’s Greater Los Angeles/Orange County/San Diego 844.435.7259

Alzheimer’s Association 800.272.3900

If you are in a Medi-Cal managed care health plan and have questions about these services, call the member services number on the back of your health plan card for assistance. Online member handbooks and provider directories for the health plans by county can be found at https://www.healthcareoptions.dhcs.ca.gov/learn/health-plan-materials.

For help understanding the mental health services available through your insurance coverage, you may contact the California Department of Managed Health Care’s Help Center toll-free, at 1-888-466-2219 or visit HealthHelp.ca.gov.

Additional assistance is provided by the Managed Care Ombudsman who can be reached by calling 888-452-8609 or by visiting:

<http://www.dhcs.ca.gov/services/medi-cal/Pages/MMCDOfficeoftheOmbudsman.aspx>.

1. Dick-Muehlke, C. (2017). Mental health services for people with Alzheimer's disease. Report of the Alzheimer's Association. Retrieved from the California Health and Human Services Agency website: <http://www.chhs.ca.gov/Alzheimer/Agenda%20Item%203-%20Mental%20Health%20Access%20for%20Persons%20with%20Dementia%20FINAL%20PAPER.pdf> [↑](#footnote-ref-1)
2. ibid [↑](#footnote-ref-2)
3. DHHS, CMS, Mental Health Services, January 2015. (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mental-Health-Services-Booklet-ICN903195.pdf [↑](#footnote-ref-3)
4. Steinberg, M., Shao, H., Zandi, P., Lyketsos, C.G., Welsh-Bohmer, K.A., Norton, M. C., … Cache County Investigators (2008). Point and 5-year period prevalence of neuropsychiatric symptoms in dementia: The Cache County study. International Journal of Geriatric Psychiatry. 23, 170-7. [↑](#footnote-ref-4)