Introduction

There are two basic Medicaid programs that reimburse for persons with dual diagnoses. These include the Medicaid Community Behavioral Health Program (mental health and substance abuse) and the Medicaid Waivers operated for persons with developmental disabilities. These two systems run independently, with different reimbursement schedules, provider enrollment requirements, and service eligibility guidelines. To provide interdisciplinary assessments and provide comprehensive eligibility treatment, families, practitioners, and individuals must work with and understand both systems of care.

The Medicaid Community Behavioral Health Services Program provides a full array of services that could benefit Medicaid eligible individuals with intellectual disabilities with a diagnosable mental disorder, especially for people functioning in the mild range (Agency for Health Care Administration, 2004).

- **Assessment** – There is a wide range of assessment services that could be used to develop a more complete understanding of the mental health needs of the child or youth. Unfortunately, there may not be an adequate number of professionals that are appropriately trained and comfortable in completing these assessments for persons with developmental disabilities.

- **Medical and psychiatric services** – These services are available to provide medication monitoring and psychiatric services for all Medicaid eligible persons. These services should be available persons with dual diagnoses.

- **Behavioral health therapy services** – Individual and group therapy services are covered under the Medicaid program and could be billed for services for children and youth with dual diagnoses. Additionally, day treatment services are available.

- **Community support and rehabilitative services** – These services are designed to provide psychosocial rehabilitative treatment, either individually or in groups. The services can be provided in home, clinics, or mental health facilities. The service focus is on the development and performance of daily living, community functioning, and social skills and personal adjustment. Persons with dual diagnoses could significantly benefit from these programs if they were designed and implemented to address the unique needs of this population.

- **Clubhouse services** – A Clubhouse is a place where people who have a mental illness come to rebuild their lives. Clubhouses provide structured social, educational, pre-vocational, and transitional employment. The consumers are “members” and work with the staff to operate the program. This structure and opportunity to develop work skills in a structured environment with fellow consumers could be helpful for persons with mild intellectual disabilities and mental illness.

- **Therapeutic behavioral on-site services for children and adolescents (TBOS)** – Under TBOS, there are three levels of services that are available, as described below:
On-site therapy services provided by a master’s level therapist in the child’s home, school, or community.

Behavioral management services provided by a certified behavioral analyst in the child’s home, school, or community. These services also include working with the child’s caretaker to help manage the child’s behavior in these settings.

Therapeutic supports, services provided by paraprofessionals in home, school, or community settings to provide additional support to the child. The paraprofessional provides an opportunity for the child or youth to practice new skills in these settings. The service can be used to provide therapeutic supervision in community activities, such as recreational settings.

- Specialized therapeutic foster care services – Available for children only, this service is intended to provide an intensive therapeutic program in a family setting. The foster parents are taught to provide the therapeutic support as part of their parenting role. Additional clinical services are provided by a master’s level practitioner who is also responsible for providing support to the parent, and crisis intervention if necessary.

- Therapeutic group care services – Therapeutic group care services are Medicaid funded group homes that are designed to provide mental health treatment for children and youth.

Medicaid Managed Care

Services outlined in the Florida Medicaid Community Behavioral Health Services Coverage and Limitation Handbook (Agency for Health Care Administration, 2004) should be available to individuals with intellectual disabilities and mental health disorders. However, anecdotal information implies that these services are used rarely by individuals with intellectual disabilities. One barrier is that providers may believe that persons with intellectual disabilities are not eligible for these services. To address this issue, Medicaid will include additional language in their next handbook revisions that will clarify that services are for mental health and substance abuse, co-occurring disorders, and developmental disabilities dual diagnosis.

Another barrier may be in determining how to access the services. Medicaid behavioral health care services are covered under managed care plans. There are four types of plans that provide these services, including Prepaid Mental Health Plans, Health Maintenance Organizations (HMOs), Provider Service Networks (PSNs), and the Child Welfare Prepaid Mental Health Plan. Plan coverage differs by geographic area. Prepaid Mental Health Plans are in place in all areas of the state (with the exception of those areas covered by Medicaid Reform, located in Duval, Clay, Nassau, Baker, and Broward counties). HMOs provide behavioral health services in all areas of the state, including in the Medicaid Reform areas. PSNs provide mental health services statewide, and in the Medicaid Reform areas as well. The choice or mandatory assignment to a specific HMO or PSN determines what plan will provide behavioral health services. For persons served by Medipass, the Prepaid Mental Health Plans provide the
behavioral health services. There is also a special behavioral health program for children served in the child welfare system. This Child Welfare Prepaid Mental Health Plan works in conjunction with the Community Based Care Lead Agencies to provide services for children in their system, creating integrated care for this population.

Developmental Disabilities Medicaid Home and Community Based Waiver

The Developmental Disabilities Home and Community Based Waiver services should be of great benefit to individuals with dual diagnoses. Persons must be enrolled in the Waiver to receive services. Unfortunately, there is an extensive waiting list to get on the Waiver. Persons in crisis may have an opportunity for earlier enrollment.

For those individuals on the Waiver, there are some services that would be of particular value for persons with dual diagnosis. These are described below:

- Behavioral analysis services – This service is similar to the therapeutic on-site behavioral service provided through the Medicaid Community Behavioral Health Program. The description of the service in the Waiver handbook provides an excellent overview of the service, and major portions are quoted below (Agency for Health Care Administration, 2008):
  
  o Behavioral analysis services are provided to assist a person or persons to learn new behavior that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors. Services may also be provided to increase existing behavior, to reduce existing behavior, and to emit behavior under precise environmental conditions. The term “behavioral analysis services” includes the terms “behavioral programming” and “behavioral programs.” Behavior analysis includes the design, implementation and evaluation of systematic environmental modifications for the purposes of producing socially significant improvement in and understanding of human behavior based on the principles of behavior identified through experimental analysis of behavior. It includes the identification of functional relationships between behavior and environment. It uses direct observation and measurement of behavior and environment. Contextual factors, establishing operations, antecedent stimuli, positive reinforcement and other consequences are used, based on identified functional relationships between behavior and environment, in order to produce practical behavioral change.

Behavioral services must include procedures to insure generalization and maintenance of behaviors. The services are designed to engineer environmental modifications including ongoing styles of interactions, and contingencies maintained by significant others in the recipient’s life. Training for parents, caregivers and staff is also part of the services when these persons are integral to the implementation or monitoring of a behavior analysis services plan. Services should be provided for a limited time and discontinued as the significant others gain skills and abilities to
assist the recipient to function in more independent and less challenging ways (Agency for Health Care Administration, 2008, p. 2-21).

- Behavior Assistant Service- This service is similar to the behavioral support service provided under the Therapeutic Behavioral On-site Service. These services “include monitoring of behavior analysis services, the implementation of behavioral procedures for acquisition of replacement skills and reduction of problematic behaviors,” (Agency for Health Care Administration, 2008, p. 2-24) and assistance in the training of caregivers.

- In-home support services – In home supports are provided to persons living in their own home. The support worker may live in the home with the recipient and share the living expenses. Support services can be provided for up to 24 hours per day. This service would be excellent for someone with a dual diagnosis that needs assistance adjusting to living on their own. This level of service may not be needed for a long period of time.

- Medication review – Medication review is an independent review and assessment of all prescription and over-the-counter medications. The review includes an assessment of whether the drug therapy is needed, accurate, valid, non-duplicative, and appropriate for the diagnosis. The review also examines whether the therapeutic doses and administration are at an optimum level, and that there is appropriate monitoring, analysis of drug interactions, allergies, and contraindications. This service would be extremely beneficial for children and youth with dual diagnoses.

- Supported employment – Supported employment provides training and assistance in a variety of activities to help people gain and maintain employment. The individual is expected to earn at least minimum wage. Working environments can be challenging for persons with dual diagnosis. They may need more assistance in how to socially and emotionally adjust to the working environment than they need to learn the particular job tasks.

- Supported living coaching – Supported living coaching provides training and assistance in a range of activities to help the individual select, determine the affordability, and assess the appropriateness of the living arrangement, and provide ongoing supports to help the person live successfully in the home.

- Specialized mental health services – Specialized mental health services for persons with developmental disabilities are services provided to maximize the reduction of a recipient’s mental illness and to restore the best possible functional level. The most important component of this service is that it focuses on the unique treatment of psychiatric disorders and rehabilitation for persons with developmental disabilities and mental illness. Included in these services are individual, group, and family therapy provided to recipients using special techniques appropriate to this population. This provider group could be an excellent resource for determining what unique therapeutic techniques are currently being employed in Florida to address the needs of persons with a mental illness and developmental disability. Unfortunately, the rates are lower than the
Family and Supported Living Waiver

In 2004 the Agency for Persons with Disabilities (APD) developed a new waiver entitled, “Family and Supported Living Waiver”. This waiver provides a limited number of services that are designed to assist the person with developmental disabilities to live with their family or in a supported living environment. The services included in the waiver that might be particularly appropriate for persons with dual diagnosis:

- in-home support services,
- support coordination,
- supported employment, and
- supported living coaching.

Interdisciplinary Team Development for Persons with Dual Diagnosis

Accessing services for dually diagnosed persons requires working with two service systems. A comprehensive biopsychosocial assessment requires extensive psychiatric work as well as a full behavioral assessment. It also requires that the clinicians work closely with each other as a team. To arrange these types of services, the practitioner must follow a series of steps to determine who will provide and fund the services. Below is a list of recommendations for working with these two systems.

1. Determining the individual’s Medicaid Health Plan is the first step in arranging for Medicaid funded community behavioral health services. The individual will likely have a card that states the name and contact number for the Plan. If not, the local Medicaid office can assist. Also, providers can usually access an online system to clarify eligibility.

2. Attachment 1 has a listing of the Prepaid Mental Health Plans by Area. FloridaHealthFinder.com has a listing of HMOs by county under “Compare Health Plans.” A listing of all the HMOs in the State as of September 1, 2009 is included in this Tool Kit.

3. Each of the plans has a set of approved providers in their network and will provide the list to the individual. Some providers may be interested in working with persons with intellectual disabilities.

4. Also, each plan has their specific service approval process. Some services must be prior approved by the plan and others do not. The network provider will likely know the process and which services must be prior approved.

5. If there are no providers in the area that will work with persons with a dual diagnosis, the person’s plan should be called and notified that their network does not include providers prepared to serve persons with intellectual disabilities. The APD and the local Medicaid office should also be contacted to discuss how to access care. The Medicaid managed care plans are required to have providers in their network that can and will provide services to the full spectrum of people enrolled in their plan.
6. It is very reasonable to expect that mental health providers render an array of services to persons with mild intellectual disabilities. However, it may be very difficult to obtain psychiatric services for persons with lower intellectual functioning. As the Guide in this Tool Kit discusses, psychiatric services may be very necessary for all persons with intellectual disabilities with mental illness. Again, the Medicaid office and the APD should help locate a provider in the area willing to provide these services.

7. One strategy to increase providers’ interest in working with persons with intellectual disabilities is to ensure that some of the behavioral health providers in the plan networks are enrolled in the Developmental Disabilities Waiver to provide specialized mental health services and perhaps behavioral analysis. If providers are enrolled in both systems, the integration of care becomes much easier.

8. It may take considerable provider development efforts to persuade community behavioral providers (mental health and substance abuse) to work with this population. Training might be required as well as developing MOAs with providers that can foster improved access.

9. The type of developmental services that are available also must be determined. The person could be on the Developmental Disabilities Home and Community-Based Services Waiver, the Family Living Support Waiver, or the Consumer Directed Care Plus Waiver. Providers in this network may not believe that they are capable of serving persons with mental illness. Training across both systems may be necessary.

Example of How to Assemble Services by Working with Two Systems.

First, looking at mental health services, it is important to know the guidelines that the providers must work with. These are usually described in the managed care Provider Manual or Provider Handbook, under clinical criteria, diagnostic guidelines, or medical necessity criteria. The two behavioral health (mental health and substance abuse) plans operating in Florida for persons enrolled in Medipass are Florida Health Care Partners (affiliated with Value Options) and Magellan Health Care. This Tool Kit includes a map with the locations served by each provider. The Provider Handbook/Manuals as well as medical necessity requirements, clinical criteria, and treatment guidelines can be found on their websites. These documents often include information regarding prior authorization requirements and necessary justification.

Magellan’s website can be accessed at www.magellanhealthservices.com. Bring up this page using an Internet browser, then click on the “I’m a Provider” link. Then, under the “Get Information” heading, click on the “State- and Plan-Specific Information” link, followed by the “Plan-Specific Information” drop-down. Then click on the “Florida Medicaid” link. This will bring up a page from which you can access the handbook supplements, clinical practice guidelines, medical necessity criteria, and enrollee rights and responsibilities information by State area.

To locate Florida Health Partner’s information, go to www.floridahealthpartners.com and click the “Provider” tab, followed by the “Handbook” link on the top bar. You can also find the clinical criteria and diagnosis based treatment guidelines at this location.
Neither of these websites include specific criteria for persons with dual diagnoses of intellectual disabilities and mental illness.

A list of the HMO’s serving the State is provided in the Tool Kit. Their websites do not appear to have detailed information on behavioral health services. They should be contacted directly to obtain necessary information regarding prior authorizations, clinical guidelines, and medical necessity criteria.

For developmental disabilities, the prior authorization requirements can be found by accessing the APD website at www.apd.myflorida.com. From that web page, click on the “Waivers” link on the sidebar, followed by the “Waiver Support Coordination” link under the “Support Coordination” heading. Then click on the “PSA Operational Guidelines” link under the “MAXIMUS Operational Guidelines” heading.

For purposes of this example, it is assumed that the person with whom we are working:

- has an intellectual disability;
- is under the Medipass program;
- has Magellan as their behavioral health provider; and
- is on the Developmental Disabilities Home and Community Based Services Waiver.

This particular person is functioning in the mild range but has recently become more irritable and aggressive, which is uncharacteristic. He is twenty-two years old. He has an uncle with bi-polar disorder, and there is an indication that one of his cousins has a mental illness as well. Therefore, his support coordinator and family would like him to receive a comprehensive biopsychosocial evaluation. The Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook (Agency for Health Care Administration, 2004) and the Florida Medicaid Developmental Disabilities Waiver Services: Coverage and Limitations Handbook (Agency for Health Care Administration, 2008) do not have a service that includes all the necessary components of a comprehensive biopsychosocial evaluation as described in the Guidelines in this Tool Kit. Therefore, it is necessary to work with both the Medicaid behavioral health provider and the Waiver program to arrange for evaluation and subsequent treatment.

Below are some suggested combinations for providing these services, working with two different Medicaid systems. This approach is not easy and may require pre-planning with the local APD office and the local Medicaid mental health plan enrolled as part of the managed care network.

Assessment Services

As the Guidelines in this Tool Kit states, the assessment process for persons with dual diagnosis requires more time than for other patients. This will be a challenge, since many of the services are limited in number of units that can be billed within specific periods of time. Magellan does not require prior authorization for assessment services. Also, the biopsychosocial assessment described in the Guidelines is very comprehensive and requires a psychiatric mental
status exam, psychological testing (if outdated), a social history, and a full behavioral assessment.

Medicaid Community Behavioral Health Possible Billing Codes for the Assessment

- Psychiatric evaluation – $210 per evaluation
- Psychiatric review of records – $26 per review (one allowed)
- In-depth assessment – $125 per assessment (the handbook does not disallow this in combination with the psychiatric evaluation, but special authorization may be required).
- Bio-psychosocial evaluation – a $48 per evaluation (cannot be billed on the same day as the in-depth assessment)
- Psychological testing – $15 per quarter hour, and Medicaid will reimburse up to 40 quarter hour units per year (this does require prior authorization by Magellan; it could be justified if the person has not had a recent psychological testing)

Developmental Disabilities Home and Community Based Waiver Assessment Services

- Behavioral analysis services, including a full behavioral assessment with an in-depth functional analysis (will require prior authorization and must be on the cost plan)
- Specialized mental health services, including assessment services (will require prior authorization and must be on the cost plan)

Treatment Team Time

Treatment plan development can only be billed by one organization.

Service Delivery

Service delivery should be planned to use services from both systems that complement each other. One service system should not be expected to provide the full array of services. Also, for persons with intellectual disabilities and mental illness, it is important that the treatment team include professionals with expertise with mental health and developmental disabilities. An example of complementary services is shown below.

Psychiatric/Mental Health Intervention

- Medication Management (provided under Medicaid community behavioral healthcare) – The psychiatrist will be responsible for determining the appropriate diagnoses and determine the psychotropic medication needed. The psychiatrist must monitor the ongoing effectiveness of the medication, side-effects, etc. If behavioral analysis services are used, there must be close communication between the behavioral specialist and the psychiatrist.
- Brief individual medical psychotherapy (provided under Medicaid community behavioral healthcare) – This is to monitor psychiatric condition.
• Specialized mental health services (provided under Medicaid developmental disabilities Waiver) – This is to provide ongoing therapeutic services, and must be coordinated with the psychiatric services (must be prior approved and on the cost plan).

Behavioral Interventions

• Behavioral analysis services (provided under Medicaid community behavioral healthcare) – Ongoing assessment with behavioral management, and must be coordinated with the psychiatric and mental health treatment. Services must be done in tandem with other psychiatric rehabilitation services, including the psychiatric rehabilitation provider and the Clubhouse staff or the supported employment provider. This must be prior approved and on the cost plan.

Psychiatric Rehabilitation Services

• Psychosocial rehabilitation services (provided under Medicaid community behavioral healthcare) – Can have up to 1920 units of services per year. Provides supports for independent living, social skills training, and help with adjusting to living environments. Also can teach symptom management, medication, coping skills, and treatment options. Could be used to support personal wellness plans, and could be used to complement the living support services, below. This may require prior authorization.

Living Support

• In-home supports (provided under Medicaid developmental disabilities Waiver) – should work as a team with the psychiatric rehabilitation services (requires prior authorization and must be on the cost plan).
• Supported living coach (provided under Medicaid developmental disabilities Waiver) – Should work as a team with in-home supports provider and psychiatric rehabilitation services provider (requires prior authorization and must be on the cost plan).

Meaningful Day

• Clubhouse if available (provided under Medicaid community behavioral healthcare)– Clubhouse services are available in only few parts of the state and require prior authorization. If not available, then supported employment, below. could be considered.
• Supported employment (provided under Medicaid developmental disabilities Waiver) – The provider must be experienced in working with persons with mental illness (requires prior authorization and must be on the cost plan).

Interdisciplinary Teaming

To create an array of services that use developmental disabilities services and community mental health programs funded through managed care, interdisciplinary teaming is essential. Unfortunately, neither of the funding sources provides sufficient reimbursement for teaming time. This creates serious constraints for teaming and may require that members communicate
through telephone or email. However, to complete this type of assessment and treatment planning, the team should meet face to face at the initiation of services and when issues require a complete review of the support/treatment planning. Person-centered planning is a technique that has been used in developmental disabilities since the 1980’s and has been introduced to mental health programs in the last few years. This approach would be appropriate to bring together the person receiving services, family, friends, and providers to develop support and treatment plans that are complementary.

Cost Containment

Both Magellan Health Care and the APD operate under cost restraints. Magellan manages costs through retrospective analysis of spending patterns and prior authorization on selected services. Most managed care organizations use prior authorization for selected services because of the cost. However, the APD requires prior authorization for all services. Each service must be justified. Also the APD uses a Tier system that limits the overall annual cost of services according to the definition of the Tier. Services for persons with intellectual disabilities and mental illness can be very expensive; therefore, it is essential that the team shares expenses across the two systems.
References
