Mental Health & Neurocognitive Disorders

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Diagnoses and Documentation

WHY?

If you don’t write it down, it didn’t happen.

Mental Health Treatment

- Medically appropriate means the services and supports required to diagnose, stabilize, care for and treat a behavioral health condition.
- The Division shall make payment for medically appropriate behavioral health services when the services or supports are:
  - Rendered by a provider whose training, credentials, or license is appropriate to treat the identified condition and deliver the service;
  - Based on the standards of evidenced-based practice, and the services provided are appropriate and consistent with the diagnosis identified in the behavioral health assessment;
  - Provided in accordance with an individualized service plan;
  - Not provided solely for the convenience of the recipient, the recipient's family, or the provider of the services

Mental Health Treatment

- The individual can choose whether or not they wish to engage in treatment.
- The individual has to sign a Release of Information (ROI) for a clinician to be able to disclose treatment related information. The individual can also choose what information is/isn't shared.
- Treatment services must be medically appropriate.

Mental Health Treatment

- Treatment means the planned, medically appropriate, individualized program of medical, psychological, and rehabilitative procedures, experiences and activities designed to remediate symptoms of a DSM diagnosis, that are included in the Service Plan.
  - Examples
    - Individual and group therapy
    - Individual and group skills building
    - Consultation
    - Case management
    - Psychiatric medication management

Mental Health Treatment

- Is the individual already engaged in services?
- Has the individual had past services? If so, what is the reason they are no longer engaged in treatment.
- Does the individual want to engage in services?
  - Contact local mental health agency
  - Contact PCP
  - Contact local Older Adult Behavioral Health Specialist

Mental Health Documentation

- Clinical Justification/Assessment
- Treatment Plan/Service Plan
- Progress Notes (billable/non-billable)
- Medication Management Notes
- Common Assessments
  - St. Louis University Mental Status Examination (SLUMS)
  - Montreal Cognitive Assessment (MOCA)
  - Geriatric Depression Scale (GDS)
  - Patient Health Questionnaire (PHQ-9)
- Neuropsychological Evaluations

What Next?

- What if an individual has a co-occurring Neurocognitive Disorder?
  - Is it the primary or secondary diagnosis?
  - What are the functional impacts?
- Do they need behavior supports vs. mental health treatment?

Neurocognitive Disorders (NCD)

- Primary clinical deficit is in cognitive function
- Represents a decline from a previously attained level of function
- Acquired vs. Developmental
- Mild vs. Major

Neurocognitive Diagnoses

- Delirium
- Neurocognitive Disorder
  - Alzheimer's Disease
  - Frontotemporal
  - Lewy Body
  - Vascular Disease
  - Traumatic Brain Injury
  - Substance/Medication Induced
- HIV Infection
- Prion Disease
- Parkinson's Disease
- Huntington's Disease
- Due to Another Medical Condition
- Due to Multiple Etiologies
- Unspecified

Cognitive Domains

- Complex Attention: sustained attention, divided attention, selective attention, processing speed
- Executive Function: planning, decision making, working memory, responding to feedback/error correction, overriding habits/inhibition, mental flexibility
- Learning and Memory: immediate memory, recent memory (including free recall, cued recall, and recognition memory), very-long-term memory
- Language: expressive (naming, word finding, fluency, grammar), receptive language
- Perceptual-Motor
- Social Cognition

Major vs. Mild NCD

Major

- Evidence of significant cognitive decline from a previous performance in one or more cognitive domains based on
  - Concern of individual, knowledgeable informant, or clinician
  - Substantial impairment in cognitive performance, preferably documented by standardized neuropsychological testing, or another quantified clinical assessment
- **The cognitive deficits interfere with independence in everyday activities (at a minimum requiring assistance with complex instrumental activities of daily living such as paying bills, managing medications)**
- Cognitive deficits do not occur exclusively in the context of a delirium
- Cognitive deficits are not better explained by another mental disorder (e.g. major depressive disorder, schizophrenia

Mild

- Evidence of significant cognitive decline from a previous performance in one or more cognitive domains based on
  - Concern of individual, knowledgeable informant, or clinician
  - Substantial impairment in cognitive performance, preferably documented by standardized neuropsychological testing, or another quantified clinical assessment
- **The cognitive deficits do not interfere with capacity for independence in everyday activities (complex instrumental activities of daily living such as paying bills or managing medications are preserved, but greater effort, compensatory strategies or accommodation may be required)**
- Cognitive deficits do not occur exclusively in the context of a delirium
- Cognitive deficits are not better explained by another mental disorder (e.g. major depressive disorder, schizophrenia

Major vs. Mild NCD

- PER DSM 5: “The distinction between major and mild NCD is inherently arbitrary, and the disorders exist along a continuum. Precise thresholds are therefore difficult to determine.”

This is why detailed and consistent documentation is essential to determining what supports an individual needs!

Consultation

- If you are calling to staff a case, please be prepared with the following information:
  - Basic client demographics
  - Diagnoses
  - Guardianship status
  - Preferred areas
  - Natural supports
  - Details regarding behaviors/symptoms of concern

Always consider…

- What is important to the individual?
- What is their history: social, work, military, medical?
- Does the individual have a formal diagnosis? Are they aware of the diagnosis? How do they feel about it? If possible, timeframe of diagnosis.
- What are their strengths?
- Are there any current supports in place to help them get through their day?
- What supports are they willing to accept?

Questions?

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