

Roadblocks I have faced trying to provide behavioral health services for my intellectually disabled adult clients:

2018 – I addressed the Medicaid Oversight Committee with several pages of issues I faced from my application to become a Medicaid Multi-Specialty Group (MMSG) including difficulties of contracting and credentialing with the MCOs.

2019 – We lost over \$200,000 with Wellcare & Anthem because we did not know we had to have prior-authorizations to provide Comprehensive Community Supports. Aetna and Medicaid do not require prior authorizations. I spent hours talking to reps about this issue but it never got resolved.

Most of the MCOs do not have an understanding of the dual diagnosis of mental health and intellectual disability.

Muhlenberg County Opportunity Center (MCOC) provides Comprehensive Community Support Services to our intellectually disabled adult clients.

We closed our center from March 2020 – May 2021 because of Covid. We felt that our clients were more susceptible to the virus. They were able to get vaccinations in March of 2021. We did not offer telehealth because our licensed provider left and we had no one to supervise the program.

Regulation 907 KAR 15

1. Comprehensive community support services shall:

- a. Be activities necessary to allow an individual to live with maximum independence in the community;
- b. Be intended to ensure successful community living through the utilization of skills training as identified in the recipient's plan of care; and
- c. Consist of using a variety of psychiatric or behavioral rehabilitation techniques to: (i) Improve emotional regulation skills; (ii) Improve crisis coping skills; (iii) Develop and enhance interpersonal skills; (iv) Improve daily living skills; and (v) Improve self-monitoring of symptoms and side effects.

2. To provide comprehensive community support services, a provider shall:

- a. Have the capacity to employ staff authorized pursuant to 908 KAR 2:250 to provide comprehensive community support services and to coordinate the provision of services among team members; and
- b. Meet the requirements for comprehensive community support services established in 908 KAR 2:250.

3. Comprehensive community support services shall be provided face-to-face.

4. Comprehensive community support services shall be provided by:

- a. An approved behavioral health practitioner, except for a licensed clinical alcohol and drug counselor;
- b. An approved behavioral health practitioner under supervision, except for a: (i) Certified alcohol and drug counselor; or (ii) Licensed clinical alcohol and drug counselor associate.

5. **Support services for comprehensive community support services** conducted by a behavioral health multi-specialty group or a behavioral health provider group by an individual working under the supervision of an approved behavioral health practitioner may be provided by a community support associate.

There are no daily limits for this service. It is billed in units.

Section 1. General Coverage Requirements. (1) For the department to reimburse for a service covered under this administrative regulation, the service shall: (a) Be medically necessary; (b) Meet the coverage requirements established in Section 3 of this administrative regulation; (c) Be provided to a recipient by:

1. An individual approved behavioral health practitioner who: a. Is enrolled in the Kentucky Medicaid Program in accordance with 907 KAR 1:672; b. Except as established in Section 2(1) of this administrative regulation, currently participates in the Kentucky Medicaid Program in accordance with 907 KAR 1:671; and c. Is an approved behavioral health practitioner.

Wellcare has been by far the hardest MCO to deal with. We were at the point of not accepting clients with this insurance because of these issues. I will add that our representative is outstanding and I do not blame her for any of these issues.

- They put limits on how much support clients could receive even though Medicaid doesn't. They didn't change this until Medicaid ruled in our favor. We spent most of 2019 limited in services for nine clients.
- They would not authorize services for a client who had several mental health issues and had been diagnosed and was on medication for these issues. I appealed and it was overturned because their psychologist didn't feel the issues were worthy of supports. This caused our client to regress and basically have severe melt-downs because she could not get the help she wanted and needed.
- Currently we only have 2 clients with Wellcare because of their lack of cooperation.
- On October 26, 2020, I sent Wellcare a request to add contract for a new provider. On January 12, 2021, (3 months later), I received an email asking that I update her CAQH. On January 22, I went an email saying that I had completed this update. On June 1, I reached out to my rep and asked why the credentialing had not been completed. She checked and was told that they were waiting on me to provide the update which I did on January 22. They gave my provider a start date of June 15. I needed her to start on June 3. I have all emails and paperwork proving this was completed on my end, but this still has not been resolved and I cannot bill for the first 2 weeks of June.

Aetna – We have had several difficulties with them.

- In September of 2019, they started declining services over 12 units. There had not been a problem for one year and suddenly they started denying our billing. I had to reach out to Medicaid to again rule in our favor.
- In July of 2020, they sent a statement saying we owed them \$9,235. It was for a lapse in a client's insurance from 4/01/19 – 4/30/19. This balance was paid in 2019 and over a year later they find a lapse and insist on reimbursement. I don't know if it's common practice to do this, but we were closed for 14 months and do not have the funds to repay this. We have gotten a statement every month since.
- Center Care does their credentialing which has totally confused me. It was not explained to me, therefore and I spent a lot of extra time trying to get answers on how this works.

Humana –

- I turned in my information to credential a psych nurse practitioner. I got an email on June 4 asking why her DEA certificated had not been renewed. I sent back that she was not going to be using it at my agency and that she did not want to renew and pay \$800 for something she did not need. We do not prescribe controlled meds. I was told that it would have to go through management, but that she would probably be decertified for not meeting market criteria. I have not received any information since.
- On June 29, (while on vacation), I received an email that they needed her liability insurance. I emailed the certificate on July 1 when I returned to work. I received an email back that said since this information arrived after June 30, the credentialing date would be pushed back a few months. This amazes me that their lack of organization costs me months of service.

Passport / Molina

- June 2020 I mailed a contract application packet to Passport to join their network. It was about 50 pages and I had the mail receipt to prove that they received it. In January 2021 I reached out to the new rep and asked what was going on because I had never received any info. She said she saw our company in the system but no contract was affiliated with it. I emailed her the most important pages out of it. On Feb. 7 I checked back to see if any progress had been made. She emailed me back and said she had submitted a ticket. On Feb. 18 I reached out again and she sent in a request that it be escalated. March 18 I received an email saying that there was no contract on file so I completed a new form online to get the ball rolling again. On June 1, I emailed her again that I had not heard anything. She replied that she checked and they had not received anything from me. On June 3 I submitted another request form. I have not received anything back.

Transportation Issues

Transporting clients to receive Medicaid benefits is quite a challenge. Their caregivers have to pay hundreds of dollars a month to get them to our facility. I have written grants with several agencies to help with this expense.

I was informed in May that Medicaid would cover transportation for clients to get health services. We reached out to the Medicaid transportation department to see if this was a possibility for our clients.

I received a phone call from someone in Medicaid transportation who told me that we were providing unprecedented services for Comprehensive Community Supports. I told her that clients were getting mental health services the same as if they were going to an appointment.

I still haven't heard back from anyone in transportation.

Individuals with Intellectually Disabilities & Co-occurring Mental Health Disorders Fact Sheet

Recent estimates show there are approximately **4.92 million individuals in the U.S.** living with an **intellectual disability**, which is about 17% of the U.S. population. (Braddock, et al. 2015)

According to the National Association for the Dually Diagnosed (NADD), the types of psychiatric disorders persons with intellectual or developmental disabilities experience are the same as those seen in the general population. It is estimated that **30-35% of all persons with intellectual or developmental disabilities** also have a **psychiatric disorder**.

- Persons with dual diagnoses can be found at all ages and levels of intellectual and adaptive functioning. ♣ This is not restricted by class, culture or continent. ♣ The individual's life circumstances or level of intellectual functioning may, however, alter the appearance of the symptoms.
- People with IDD have challenges that affect them in all areas of functioning. They have trouble in the cognitive area such as thinking, problem-solving, concept understanding, information processing and overall intelligence. ♣ They may have physical impairments that impede their motor skills, such as walking, eating, and speaking correctly.
- Persons with IDD are more vulnerable to mental and behavioral disorders. ♣ They also are more restricted in their repertoire of coping skills. ♣ Not the least of which is the ability to verbally conceptualize and mediate their condition.
- The presence of behavioral and emotional problems can greatly reduce the quality of life of persons with intellectual or developmental disabilities. ♣ Thus, it is imperative that accurate diagnosis and appropriate treatment be obtained in a timely manner.
- Because persons with IDD are more vulnerable to stress – having less proficient coping abilities & resources – they are at greater risk to experience trauma. Trauma leads to symptoms that may be misdiagnosed as: • Oppositional Defiant Disorder • Obsessive Compulsive Disorder • Intermittent Explosive Disorder • Bipolar Disorder • Borderline Personality Disorder

Providing Choice in Wellness & Recovery

Personal Choice

• Does the individual know he/she has choices? • Are individuals asked about their preferences for treatment and providers? • Opportunities for choices should be included in every activity • To what extent would providing individuals with choice lessen the likelihood of behavioral problems? • The opportunity to voice preference or indicate preference should be encouraged in every activity.

Identify individuals with dual diagnosis and who would benefit on a daily basis from non-pharmacological supports and interventions

• Functional communication • Positive daily routine • Staff and family training to increase communication effectiveness • Skills building • Comfort kits and stress management techniques

Functional Communication

• Individuals with limited language skills need opportunities to express their wants, needs and preferences • Picture Exchange Communication Systems (PECS) • Communication Boards • Pictorial Calendars • Translators

Positive Routine

• Includes choice in activities • Meaningful work and activity • Balances necessary tasks with preferred activities • Provides opportunities for social connection • Provides opportunities for skills building • Includes opportunities for exercise and movement

Skills Building Opportunities

• Life Skills training opportunities • Social skills training opportunities • Anger management & Coping skills • Stress management & Relaxation techniques

References: njcdd.org, achievable.org, nasmhpd.org, NADD