

Rosie D. v. Patrick

Expanding Mental Health Screening and Services for Massachusetts Medicaid Recipients

Background

Rosie D. v. Patrick is a landmark case that resulted in significant child and adolescent mental health care reforms for the entire state of Massachusetts. These reforms include universal mental health checkups in primary care for all young people enrolled in Medicaid.

Rosie D. v. Patrick, a class action lawsuit, was filed on behalf of eight families with children who were not receiving adequate mental health services from MassHealth, the state Medicaid program. The Center for Public Representation, representing the families, sued the State of Massachusetts for failing to meet the federal Medicaid benefit requirements for children up to age 21, known as Early and Periodic, Screening, Diagnostic and Treatment (EPSDT).

All state Medicaid programs were already required to notify providers and families of the availability of and access to mental health screening at well-child visits, as well as to medically necessary follow-up care. However, many providers and families are unaware of the requirement to offer this service, and implementation is not monitored or reported.

In 2006, the Court found that Massachusetts had violated the Medicaid EPSDT provisions. A remedial plan offered by the state was accepted by the Judge, with several stipulations, in July of 2007. This is the first instance of a court-ordered implementation with mandated data collection and reporting to ensure enforcement.

The Court Order

The Remedial Plan includes five main components:

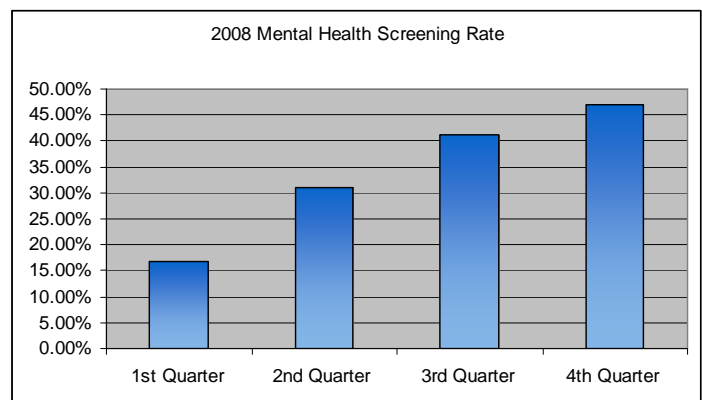
- 1) All Medicaid recipients are to be notified of the availability of mental health screening and other services.
- 2) Mental health screening using a standardized tool is to be offered at all Medicaid well-child visits.

- 3) Children screening positive are referred for a mental health assessment.
- 4) Children diagnosed with a serious emotional disturbance are to be offered Intensive Care Coordination and Treatment.
- 5) Community Service Agencies will coordinate home-based care.

Screening

Screening for mental illness is the first step in the process of identifying children who may benefit from further care. The Remedial Plan in *Rosie D. v. Patrick*, hereafter referred to as *Rosie D.*, required mental health screenings to be implemented at all well-child visits beginning December 31, 2007, and the state specified a list of evidence-based, standardized screening tools to be used in primary care settings.

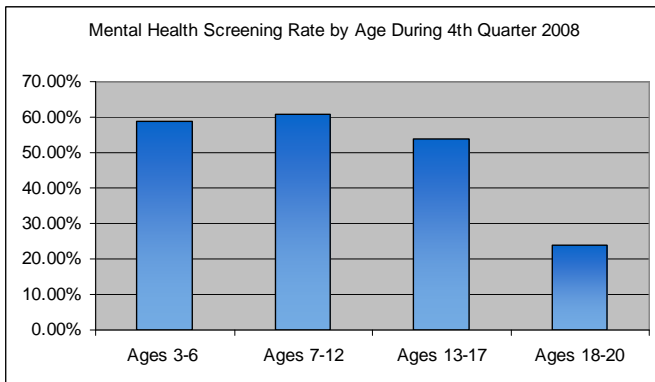
Preliminary screening data is now available, and it shows that *Rosie D.* has lead to a significant improvement in the rate of mental health screening at Medicaid well-child visits. The first year of implementation saw progressive increases in the screening rate each quarter.



However, as children age, the rate at which they present for a comprehensive well-child visit drops; this gap in



care is compounded by lower rates of mental health screening for older children. This is particularly troubling, because studies have shown that this is the age range during which the first signs of mental illness most often appear.

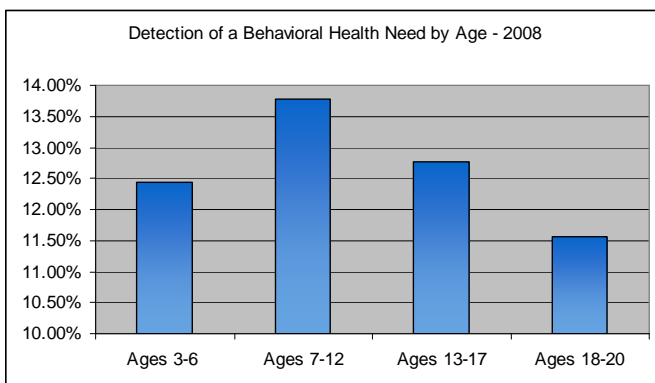


Fortunately, the *Rosie D.* implementation efforts are achieving significant gains in the adolescent age category. Since reporting on the rate of mental health screening began in the first quarter of 2008, mental health screening rates have risen from just 19.95 percent to 74 percent for youth 13 to 17 years of age.

Detection of Mental Illness

Use of billing modifiers allows MassHealth to track the number of children who are identified as having a potential diagnosis of mental illness. The codes indicate the type of medical provider performing the screen and whether mental illness is suspected.

In 2008, the billing modifiers indicated the presence of a potential mental disorder in an overall average of 7 percent of children screened. Suspected diagnoses were most common in the 7 to 12 year old category, with a detection rate of about 13 percent.



This rate of identification was evaluated by the Massachusetts Child Psychiatry Access Project

(MCPAP) members, who found it to be within the expected range.

Follow-up

Once a potential mental health disorder is identified during a well-child Medicaid visit, providers must either offer any necessary behavioral health services or make a referral to another provider for appropriate care. This is true whether or not the services would otherwise be covered by the plan, because Medicaid guidelines require treatment for any medically-necessary care for conditions uncovered during a well-visit.

For all children referred to a behavioral health care provider, a Child and Adolescent Needs and Strengths (CANS) assessment must be completed. This is a clinical tool to collect and review mental health indicators in a standardized method, which should improve the ability of multiple providers to coordinate care.

Cost Data

Actual cost data related to the implementation of mental health screenings following the *Rosie D.* remedial plan are not yet available. Experts have estimated an initial increase in costs to Medicaid, with cost savings to the education and social welfare systems. Over the long term, early identification and treatment may also result in savings to the local and federal government in the form of reduced disability, and lower health care and corrections costs.

A Model for States

Other states can benefit from the work that Massachusetts has done to implement mental health screening as a standard of care at all Medicaid EPSDT, or well-visits. Appropriate screening tools have been identified; communications to inform health care providers about the need to offer screening and explain the benefit to families have been developed; and reporting mechanisms are ensuring implementation.

Additional Resources

Please see the following sites for additional information:

The Center for Public Representation
www.rosied.org

MassHealth Documents relating to Rosie D.
www.mass.gov

Visit the Executive Office of Health and Human Services Site, and click on the Children's Behavioral Health Initiative (CBHI).

TeenScreen National Center for Mental Health Checkups at Columbia University

www.teenscreen.org

See: *Rosie D. and Mental Health Screening: A case study in providing mental health screening at the Medicaid EPSDT visit*