

Rosie D. and Mental Health Screening

Keys to Success for Providing Mental Health Screening at the Well-Child Visit

The 2006 U.S. District Court ruling in *Rosie D. v. Patrick* resulted in the establishment of a requirement to use standardized screening tools in the implementation of a long-standing federal Medicaid directive to provide mental health screening at well-child visits. As part of the remedial plan drafted by the Commonwealth of Massachusetts and accepted by the Court in *Rosie D.*, it was agreed that the Massachusetts Medicaid program (MassHealth) would take steps to ensure that mental health screening using a standardized tool was offered at all well-child visits and that the rate of screening would be monitored and reported. In the first quarter of reporting via billing codes in 2008, just 14.46 percent of well-child visits included a mental health screen; by the fourth quarter of 2009, 58 percent of all well-child visits did.

MassHealth's success in expanding access to mental health screening is noteworthy to other states and plans for two reasons. First, the federal Medicaid Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit has required that state Medicaid programs offer a mental health assessment as part of the well-child visit since 1989. Yet, most states have taken few, if any, steps to ensure that this service is provided. Second, a consensus endorsement of adolescent mental health screening has recently emerged among medical professional panels, including the U.S. Preventive Services Task Force (USPSTF), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians, and more than 30 other organizations. These factors will create increasing pressure for state Medicaid programs and others to expand access to mental health screening as the standard of care.

As state Medicaid programs and private health plans begin efforts to expand access to adolescent mental health screening, the Massachusetts experience can serve as a model. The decision of the U.S. District Court in the *Rosie D.* case created a clear mandate requiring MassHealth to offer mental health screening using evidence-based,

standardized screening tools at well-child visits and to require reporting on the rate of screening by primary care providers. **This framework — mandated screening and reporting — established two key elements for a successful effort to implement mental health screening.** MassHealth also made key programmatic and policy decisions that would help to overcome commonly cited hurdles to mental health screening in primary care settings, such as a lack of adequate time to screen; unfavorable reimbursement policies; and uncertainty about how to coordinate follow-up care when indicated.

Key Programmatic and Policy Elements

- Engaging primary care providers, medical professional groups and advocates in the planning and implementation of mental health screening;
- Reimbursing primary care providers for mental health screening in addition to payment for the well-visit;
- Offering free clinical consultation and referral resources in child psychiatry to primary care providers.

Engaging Providers and Advocates in Decision-Making

MassHealth engaged providers in the decision-making process as it implemented the court-ordered remedial plan. Recognizing the importance of involving the medical professional community, MassHealth held physician-led training sessions on mental health screening and has engaged in ongoing consultation with Massachusetts medical professional groups to inform its decision-making process. These groups have proven to be invaluable partners who can speak credibly about the importance of mental health screening; assist in



identifying barriers to implementation; and help propose solutions. Emily Sherwood, director of the Children's Behavioral Health Inter-Agency Initiative states, "We have been helped immeasurably by a whole cadre of physician-leaders in Massachusetts who have brought their passion, commitment and expertise to the effort to inform, encourage and assist clinicians in adopting behavioral health screening in primary care."

Advocates, including medical professional groups, have played a similarly strong role in paving the way for successful adoption of mental health screening. They won a formal role in the implementation of mental health screening with the passage of *An Act Relative to Children's Mental Health* in 2008. The law created the Children's Behavioral Health Council, which is charged with making legislative and regulatory recommendations on a number of issues affecting children's mental health including: best and promising practices of behavioral health care for children and their families and implementation of interagency children's behavioral health initiatives, which encompass *Rosie D.* remedial services. Barbara A. Leadholm, MS, MBA, commissioner of the Department of Mental Health and ex-officio chair of the Council states, "Accountability is an important aspect of implementing the *Rosie D.* remedial plan and the Council provides the appropriate forum to support achievement of that objective."

Reimbursing Primary Care Providers for Mental Health Screening

While the administration of most mental health screening tools takes just five to 10 minutes, a 2005 survey of pediatricians found that lack of adequate time (83 percent); office staff (49 percent); and reimbursement (46 percent) were the top three impediments to standardized screening (Sand et al. 2005). Providing appropriate reimbursement can help to overcome this inter-related set of hurdles. The \$9.73 reimbursement rate assigned to the 96110 code by MassHealth is reflective of the relatively low time and resource commitment necessary to provide mental health screening. It does, however, represent the real expense to providers and should be reimbursed. Michael Yogman, MD, a pediatrician and chair of the Child Mental Health Task Force at the Massachusetts Chapter of the American

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Offering Free Clinical Consultation and Referral Resources

A significant proportion of primary care providers report that they are hesitant to offer mental health screening due to a shortfall in their mental health training and uncertainty about the availability of referral resources for specialty mental health services. A 2007 survey of pediatricians found that 65 percent reported a lack of confidence in their training to treat mental health problems in children and adolescents (McCue et al. 2007). The Massachusetts Child Psychiatry Access Project (MCPAP) has contributed enormously to overcoming this hurdle by providing free telephone consultation and clinical guidance to primary care providers diagnosing and/or treating pediatric patients who may suffer from a mental health disorder. This is a state-funded project run by the Massachusetts Behavioral Health Partnership, which employs six regionally based teams of child psychiatrists to provide timely responses to inquiries, usually within 30 minutes. MCPAP teams also include social workers, who are available to help coordinate referrals when necessary.

Peter Kenny, MD, a pediatrician enrolled with MCPAP states, "Access to MCPAP child psychiatrists and services has been absolutely essential for getting timely professional mental health care for the children in our practice. I cannot imagine how we would be able to effectively serve children with emotional problems without the wonderful support of the MCPAP Program." ■