

Rosie D. and Mental Health Screening

Key Steps in Promoting Mental Health Screening at the Well-Child Visit

Filed in U.S. District Court in 2001, *Rosie D. v. Patrick* (hereafter referred to as *Rosie D.*) was brought against the Commonwealth of Massachusetts on behalf of eight children seeking home and community-based mental health services under the Medicaid benefit. Among other outcomes, the 2006 ruling in *Rosie D.* reinforced a long-standing federal Medicaid directive to provide mental health screening at well-child visits, and it established a requirement to do so using standardized screening tools. 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 was offered using a standardized tool at all well-child visits and that the rate of screening would be monitored and reported. In the first quarter of reporting via provider 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.

Key lessons learned in Massachusetts will be valuable to other state Medicaid programs, as well as to private health plans, as they consider ways to improve beneficiaries' access to mental health screening. **Massachusetts' experience demonstrated the importance of the following key steps in successfully expanding access to mental health screening:**

- Engage medical professional groups and patient/family advocates
- Determine when/how often to screen
- Identify screening tools
- Establish a reimbursement policy
- Define quality reporting measures
- Establish links to mental health providers
- Educate providers about screening and follow-up
- Communicate the benefit to families
- Monitor implementation and outcomes

Step 1: Engage Medical Professional Groups and Patient/Family Advocates

By bringing primary care providers, advocates and other stakeholders together at the outset of efforts to improve access to mental health screening, state Medicaid programs and other health plans can improve the acceptance and cooperation of the key actors needed for success. These groups also can provide valuable feedback about obstacles to screening and how they can be overcome.



Once the decision in *Rosie D.* was rendered, MassHealth sought to bring medical professional groups into the planning process early. These groups helped to select the menu of approved mental health screening tools, lent credibility to the screening effort, and helped to overcome the reticence of some primary care providers.



“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.”

— Emily Sherwood, director of the
Children’s Behavioral Health Inter-Agency Initiative


Advocates, including patient, family and medical professional organizations, also have played a strong role in ensuring the success of mental health screening in Massachusetts. These groups play a formal role in advising the Commonwealth on the implementation of efforts to improve children’s mental health care through the Children’s Behavioral Health Advisory Council, and they provide a diverse perspective on how policies impact various stakeholders.

Step 2: Determine When to Screen

State Medicaid programs and health plans should provide clear guidance to primary care providers about when and how often to offer screening. When considering the appropriate frequency of mental health screening, states and health plans should consider any existing statutory requirements and relevant medical professional guidelines.

For example, the EPSDT benefit specifies that all well-child visits should include an age-appropriate mental health assessment addressing developmental, socio-emotional and/or behavioral health concerns. Therefore, mental health screenings for Medicaid beneficiaries should be performed at the same frequency as is called for by the state Medicaid periodicity schedule for well-child visits. Ideally, this schedule will reflect AAP guidelines, which call for frequent well-child visits in the first three years of life and annual well-child visits thereafter.


Provider manuals should prompt mental health screening at the well-child or EPSDT visit by directly referencing the need for this screening using an evidence-based, standardized tool. Well-child visit or EPSDT forms also should be updated to prompt providers to offer mental health screening.

 In Massachusetts, the *Rosie D.* decision requires MassHealth to provide mental health screening using a standardized tool at well-child visits, which are offered annually and more often in younger children. This

screening schedule is in line with the recommendations of widely recognized medical professional guidelines, such as AAP’s *Bright Futures*. The MassHealth provider manual includes detailed information on services, including mental health screening, that must be offered to ensure a complete EPSDT visit in *Appendix W — EPSDT Services: Medical and Dental Protocol and Periodicity Schedules*.

Step 3: Identify Screening Tools

By working with medical professional groups to establish a list of screening tools recommended for use and/or required for reimbursement, state Medicaid programs and health plans can provide clear guidance to primary care clinicians about which tools are scientifically validated and appropriate for use in primary care settings. Recommended or approved screening tools should be listed in provider manuals, and screening should be prompted by any well-child visit forms distributed to primary care providers by the plan.

 The court required that MassHealth identify a menu of approved screening tools for use by primary care providers, but it was up to MassHealth to identify a comprehensive list. In consultation with clinical experts, MassHealth approved the following list of screening tools:

- Ages and Stages Questionnaire: Social Emotional (ASQ:SE)
- Brief Infant Toddler Social-Emotional Assessment (BITSEA)
- Modified Checklist for Autism in Toddlers (M-CHAT)
- Parents Evaluation of Developmental Status (PEDS)
- Pediatric Symptom Checklist (PSC, PSC-Y)
- Patient Health Questionnaire-9 (PHQ-9)
- Strengths and Difficulties Questionnaire (SDQ)
- CRAFFT (substance abuse risk tool)

These tools appear in the MassHealth provider manual in Appendix W, which provides information on EPSDT periodicity schedules and services.

Supplies of PSC-Y, PHQ-9 and CRAFFT questionnaires are available free-of-charge from the TeenScreen National Center for Mental Health Checkups at Columbia University. TeenScreen also offers “Getting Started” kits for each of these tools.

Step 4: Establish a Reimbursement Policy that Encourages Screening

Adequate reimbursement for primary care providers is essential to success. When citing barriers to mental health screening, primary care providers most frequently point to time/staff constraints followed by a lack of or inadequate reimbursement. These concerns can be addressed through payment policy.

While mental health screens are generally quick to administer, they do require an investment in staff time. Recognizing the need to reimburse for developmental and mental health screening, the Centers for Medicare and Medicaid Services (CMS) designated a Relative Value Unit (RVU) for code 96110, which denotes limited developmental screening, in 2003. The Medicare RVU results in an average reimbursement of approximately \$12 when factoring in the various rates for all geographic locations, which can serve as a guidepost in setting reimbursement. This code should be approved for use by primary care providers and should be permitted to be billed in addition to the well-child visit code.



The *Rosie D.* decision did not require MassHealth to reimburse primary care providers for mental health screening in addition to the well-child visit. MassHealth chose to provide reimbursement in order to simplify tracking and reporting of screening rates by using payment codes, as well as to encourage participation by primary care providers. The passage of *An Act Relative to Children's Mental Health* in 2008 would later make this Medicaid reimbursement policy a statutory requirement in Massachusetts. As of January 1, 2008, the Massachusetts reimbursement rate for code 96110 was \$9.73. MassHealth lists approved codes for EPSDT visits in Appendix Z of their provider manual, *EPSDT/PPSD Screening Services Codes*.

“Given the many valuable and competing priorities for time in a pediatric well child visit, insurance reimbursement for behavioral health screening increases the perceived value, importance and priority of these screens to pediatricians.”

— Michael Yogman, MD, pediatrician and chair of the Children's Mental Health Task Force at the Massachusetts Chapter of the AAP

Step 5: Define the Measure of Success

In order to determine the success of any effort to expand access to mental health screening, it is important to consider how to assess whether patients are screened and whether the rate is improving. Options include use of billing code extraction, chart review, and patient/family surveys.



The decision in *Rosie D.* required that MassHealth collect and report data on the rate at which mental health screening is provided. MassHealth chose to use billing codes to fulfill this requirement by tracking the rate at which the 96110 code is submitted in conjunction with other types of visit codes, as well as singular submissions. To track the rates of positive and negative screens, MassHealth requires the submission of payment modifiers indicating the type of health care professional administering the screen and whether, in the judgment of the clinician, a behavioral health problem was diagnosed.

Step 6: Establish Links to Mental Health Providers

Primary care providers cite a shortage of available mental health professionals as another critical barrier to implementing mental health screening. In a 2007 survey published in *Pediatrics*, 61 percent of pediatricians cited a lack of competent/qualified mental health providers as an impediment to the adoption of mental health screening (McCue Horowitz et al. 2007). While there is a widely acknowledged shortage of child mental health professionals, the impact can be eased by offering primary care providers clinical consultation and referral resources.



The Massachusetts Child Psychiatry Access Project (MCPAP) has played a critical role in the successful rollout of mental health screening in Massachusetts. MCPAP is a state-funded program established in 2004 that provides free, telephonic clinical consultation and referral support for primary care providers needing assistance on issues pertaining to child psychiatry. This service is staffed by child psychiatrists based in regional centers, as well as by social workers who provide care coordination. MCPAP strives to respond to initial inquiries within 30 minutes. The introduction of MCPAP has successfully eased physicians concerns about both their ability to diagnose and treat mental health disorders, as well as their ability to connect patients to specialty mental health providers when necessary.

Step 7: Educate Providers about Screening and Follow-up

Although Medicaid well-child visits are required to include a mental health assessment, this service is often skipped or not provided according to evidence-based practice. A 2005 survey of pediatricians found that 71 percent always or almost always rely on a clinical assessment rather than using a standardized screening instrument (Sand et al. 2005). This is despite research showing that informal interview techniques will fail to identify about 50 percent of all patients suffering from mental illness (Jellinek et al. 1988).

When introducing a mental health screening effort to primary care providers, it is important to clearly communicate the scientific underpinning; explain how the screening and follow-up process should work; and address any administrative concerns.



MassHealth and its managed care plans have communicated the need to offer mental health screening to primary care providers in a number of ways. First, the MassHealth Provider Manual was updated to reflect the specific information about behavioral health screening in Appendix W, which describes protocols and periodicity schedules for EPSDT. A series of training forums were held to present an overview of the research on mental health screening; introduce the approved mental health screening tools; and share best administrative and clinical practices for implementing screening in primary care settings. MassHealth utilized the MCPAP service discussed earlier to introduce the screening process to primary care practices and provide additional support.

The Children’s Behavioral Health Initiative’s *Primary Care Behavioral Health Screening Toolkit* offers detailed guidance on implementing behavioral health screening; clinical issues related to behavioral health screening; and billing for behavioral health screening. Available at: http://www.mass.gov/Eeohhs2/docs/masshealth/cbhi/screening_tool-pccs.pdf.

Step 8: Communicate the Benefit to Beneficiaries

Patients should be informed of recommended preventive services covered by their health plan. Any document describing well-child visit benefits should include a reference to the availability of an age-appropriate mental health assessment.



MassHealth notifies all plan members and their families of the availability of EPSDT screening services for beneficiaries under the age of 21, and all

“Access to MCPAP child psychiatrists and services has been absolutely essential for getting timely professional mental health care for the children in our practice.”

— Peter Kenny, MD, a pediatrician enrolled with MCPAP

notices specifically reference the availability of behavioral health screening and treatment services. Notices with this information are sent to members on an annual basis, as well as after any break in eligibility resulting in reenrollment. MassHealth also now requires its customer service contractor to ensure that all customer service representatives receive training on EPSDT services, including information on behavioral health screening, the CANS tool, and remedy services. Additional indirect means of communicating the benefit to families include distributing brochures and fact sheets that outline the availability of screening and treatment services in health care and educational settings.

Step 9: Monitor Implementation

Once a plan has defined and collected quality data assessing the rate of mental health screening, it is important to review and share the data in a way that fosters quality improvement.



MassHealth collects and publicly reports the mental health screening data, with breakdowns by patient-age bracket, type of health plan (managed care, Primary Care Clinician Plan, or fee-for-service), and region. This has been noted to foster a sense of competition and drive improvements in access. Furthering this idea, MassHealth collects data specific to providers enrolled in the Primary Care Clinician Plan and sends quarterly letters summarizing the number of well-child visit claims and behavioral health screen claims made by any primary care provider who has submitted at least one paid claim for a well-child visit. These letters highlight the rate of behavioral health screening being provided and identify resources available to providers to assist them in increasing their rate of screening.

Summary: By following the key steps that were identified during MassHealth’s implementation of mental health screening, state Medicaid programs and other health plans can promote success and help to overcome the most commonly cited obstacles to the implementation of mental health screening in primary care. 🇺🇸

