Wellness Check-Up: Boosting Social-Emotional Screening in New Mexico

Pegasus Legal Services for Children

In Partnership with the Alliance for Early Success and Envision New Mexico

1. **What is the goal of this work?**
    a. Emotionally healthy communities, a reduction in adverse childhood experiences (ACEs), and helping parents understand what their children need to grow and thrive.

2. **What is social-emotional screening?**
    a. A screen is a validated tool comprising a series of questions for a child's primary caregiver. The questions assess a child's social-emotional development, risk for ACEs and other social determinants of health. Screening can take place in almost any place frequented by young children, including at a doctor's office, at a home visit, or in schools. A screening typically takes between ten and twenty minutes, including scoring. Children whose development falls significantly below that of other children are highlighted for further attention and, when necessary, referred for necessary services.

3. **Why is screening important?**
    a. Identifying young children in need of social-emotional supports can have a profound impact on their long-term success. A comprehensive system of early childhood screening that includes the developmental and social-emotional needs of young children builds a strong foundation for behavioral health throughout our communities.

4. **Wait, I thought we were already doing this?**
    a. New Mexico does not require social-emotional screening for children, even though federal law requires comprehensive screening. There is no list of approved screening tools for providers. Centennial Care 2.0 does not adequately promote comprehensive screening.

5. **The Recommendations**
    a. Create an HSD-approved list of screening tools that assesses social-emotional needs. This will help doctors satisfy the Medicaid screening requirements.
    b. Create an addendum to the current periodicity schedule in NM to identify specific well-child visits for addressing social-emotional needs. For example, the addendum could recommend that doctors talk with families about the social-emotional needs of young children at the 9, 18, 24, 30 and 36 month well-child checks.
    c. Improve MCOs referral and provider structure. Lessen burden on doctors regarding referral infrastructure. Focus on rural service provider gaps.

For a more in-depth analysis and expanded recommendations, please read our full report, "Wellness Check-Up: Boosting Social-Emotional Screening in New Mexico" HERE: https://goo.gl/Tq84ti

What are ACEs?

Physical abuse
Sexual abuse
Emotional abuse
Physical neglect
Emotional neglect
Intimate partner violence
Mother treated violently
Substance misuse within household
Household mental illness
Parental separation or divorce
Incarcerated household member

How does screening detect ACES?

- Social-emotional screening detects behaviors that may indicate a child has suffered trauma from ACEs. Screens often reveal small indicators of bigger underlying problems. For example, a comprehensive screen may pick up both a language delay in a child and an underlying ACE such as violence in the home.
- Any ACE can create a stress response in a child. A stress response is physiological and subconscious, and may not be immediately visible to even a trained observer. But it may manifest in ways that a screen can catch. This is important because over the long term a child's response to ACES can cause chronic health problems.
- It is self-evident but crucial to remember that young children are not able to speak up and identify problems. Children rarely say "I feel stressed" or "I am overwhelmed." Screens are developed to identify when child may have unmet social-emotional needs.
- Nationwide, approximately 10% to 15% of one- and two year-olds experience significant social-emotional problems, yet fewer than eight percent of these young children receive developmental or mental health services. Medicaid provides powerful protections to close this gap. Medicaid is the primary safeguard protecting our most vulnerable children and families.

Examples of questions on a social-emotional screen (from SWYC 12 month questionnaire):

- Does your child have a hard time being with new people?
- Does your child have a hard time calming down?
- Does your child cry a lot?
- Does your child have a hard time with change?
- Is it hard to comfort your child?
- Is it hard to get enough sleep because of your child?

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NASHP: http://www.nashp.org/healthychild/wp-content/uploads/2016/04/Final-Developmental-Screening-Policy-Chart-12.20.16.pdf

Acronym Key

AAP- American Academy of Pediatrics
ASQ – Ages and Stages Questionnaires
ASQ-3 – Ages and Stages Questionnaires, 3rd Edition
ASQ-SE – Ages and Stages Questionnaires: Social Emotional
Battelle/BDI – Battelle Developmental Screener/Battelle Developmental Inventory
Bayley/BINS—Bayley Infant Neurodevelopment Screener
BASC – Behavior Assessment for Children
BASC-II – Behavior Assessment for Children, 2nd Edition
BITSEA – Brief Infant Toddler Social and Emotional Assessment
Brigance– Brigance Early Childhood Screens
Brigance II- Brigance Inventory of Early Development II
CDI– Child Development Inventory
CHIPRA- Children's Health Insurance Program Reauthorization Act
CDR– Child Development Review
CRAFFT – CRAFFT Screening Tool
Denver/Denver II- Denver Developmental Screening Test/II
DIAL-4—Developmental Indicators for the Assessment of Learning, 4th Edition
ECSA- Early Childhood Assessment
ELAP- Early Language Accomplishment Profile
EPSDT – Early and Periodic, Screening, Diagnostic and Treatment
ESI-R– Early Screening Inventory, Revised
FFS- Fee for Service
IDI- Infant Development Inventory
Iowa- Iowa Health Maintenance Clinical Notes
M-CHAT – Modified Checklist for Autism in Toddlers
M-CHAT-F – Modified Checklist for Autism in Toddlers with Follow-Up
M-CHAT-R—Modified Checklist for Autism in Toddlers, Revised
M-CHAT-R/F—Modified Checklist for Autism in Toddlers, Revised/with Follow-Up
MPSI-R- Minneapolis Preschool Screening Instrument-Revised
PEDS- Parents' Evaluation of Developmental Status
PEDS- DM- Parents' Evaluation of Developmental Milestones
PHQ-9- Patient Health Questionnaire
PSC-- Pediatric Symptom Checklist
PSC-Y-- Pediatric Symptom Checklist- Youth Report
SDQ—Strengths and Difficulties Questionnaire
SWYC- Survey of Wellbeing of Young Children
Vanderbilt- Vanderbilt Rating Scales

State	Required in EPSDT Visit	Reimburses 96110	Fee for Service Rate	Maximum Allowed & Other Usage	Modifiers	Requires or Recommends Tools	Specified Tools
New Mexico	No	Yes	$12.05			No	

- "The availability of a separate service code (known as a CPT or Current Procedural Terminology code) for social-emotional screening allows states to track providers' delivery of this service, including the percentage of children at different ages who are screened. Because social-emotional screening with a valid instrument can identify more young children at-risk of behavioral health problems than general developmental screening, states may have a special interest in tracking the social-emotional screening of young children.
- Among states that cover social-emotional screening, 18 states (44 percent) reported having a separate code for this service: CA, CO, CT, DE, IA, IN, KS, MA, MN, MS, NC, ND, NV, OK, SC, VA, VT, and WV."

See: National Center for Children in Poverty, "Using Medicaid to Help Young Children and Parents Access Mental Health Services: Results of a 50-State Survey," March 2017. http://www.nccp.org/publications/pdf/text_1164.pdf, p.4

4. Postnatal infections associated with sensorineural hearing loss including bacterial meningitis.
5. In utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis.
6. Neonatal indicators - specifically hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation and conditions requiring the use of extracorporeal membrane oxygenation (ECMO).
7. Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Usher's syndrome.
8. Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Fridreich's ataxia and Charcot-Marie-Tooth syndrome.
9. Head trauma.
10 Recurrent or persistent otitis media with effusion for at least 3 months.

3 - 4 Mental Health Services

Services that support young children's healthy mental development can reduce the prevalence of developmental and behavioral disorders which have high costs and long-term consequences for health, education, child welfare, and juvenile justice systems. Broadly defined, screening is the process by which a large number of asymptomatic individuals are evaluated for the presence of a particular trait that may be indicative of a behavioral developmental issue. Screening tools offer a systematic approach to this process. Ideally, tools that screen for the mental development of young children should:

- Help to identify those children with or at risk of behavioral developmental problems;
- Be quick and inexpensive to administer;
- Be of demonstrated value to the child and family and provide information that can lead to action;
- Differentiate between those in need of follow-up and those for whom follow-up is not necessary; and
- Be accurate enough to avoid mislabeling many children.

Screen the child for possible mental health needs. You may use a standardized behavior checklist to do this screen. We recommend the following social emotional tools for screening infants 0-12 months:

—Ages and Stages Questionnaire (ASQ)
—Ages and Stages Questionnaire: Social Emotional (ASQ:SE)
—Parent's Evaluation of Developmental Status (PEDS)
—Temperament and Atypical Behavior Scale (TABS)
Screening accompanied by referral and intervention protocols can play an important role in linking children with and at-risk for developmental problems with appropriate interventions.

Medicaid encourages providers to refer children with suspected mental health needs for mental health assessment.

Refer the child to the mental health provider listed on the Medicaid Identification Card. If no provider is listed on the Medicaid Card, refer the child to a Medicaid Mental Health Provider in the child's home area. Mental Health Services, at a minimum, include diagnosis and treatment for mental health conditions. Refer to Section 2 of the Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance

https://files.nc.gov/ncdma/documents/Medicaid/EPSDT/Health_Check_Program_Guide_2017.pdf
pp. 49-51

Screening for Emotional / Behavioral Health Risks

CPT 96127
Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument.

In January 2015, **CMS** added a "brief emotional/behavioral assessment with scoring and documentation" in response to the Affordable Care Act's federal mandate to include mental health services as part of the essential benefits in all insurance plans offered in individual and small group markets.

CPT code 96127 should be used to report the administration of a structured screen for emotional and behavioral health risks, including attention-deficit/hyperactivity disorder (ADHD), depression, suicidal risk, anxiety, substance abuse and eating disorders, when their use is indicated by guidelines of clinical best practice and surveillance. Medicaid will reimburse providers for **CPT code 96127** to a maximum of two units per visit.

Modifiers Required on Claim Details When Entering CPT 96127

The **EP** modifier should always accompany the code when a **Medicaid beneficiary** under 21 years old receives an emotional/behavioral health screen in a preventive service, sick child or E/M encounter.

Examples of Scientifically Validated Screening Tools for Behavioral/Emotional Health Risks

The American Academy of Pediatrics lists the following screens for emotional/behavioral health risks. The use of a particular scientifically validated tool is a provider's decision. The

inclusion of any set of AAP recommended screens in this guide does not constitute endorsement or preference of any screening tool.

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf

Instrument	Abbreviation
Ages and Stages Questionnaire: Social Emotional	ASQ-SE
Alcohol Use Disorders Identification Test	AUDIT
Australian Scale for Asperger's Syndrome	ASAS
Beck Youth Inventories: Second Edition	BYI-II
Behavior Assessment Scale for Children: Second Edition	BASC-2
Brigance Screens	n/a
Behavior Rating Inventory of Executive Function	BRIEF
Brief Infant and Toddler Social Emotional Assessment	BITSEA
Columbia Suicide Severity Rating Scale	C-SSRS
Conner's Rating Scale	n/a
Drug Abuse Screening Tool	DAST-A
Early Childhood Screening Assessment	ECSA
Generalized Anxiety Disorder	GAD-7
Kutcher Adolescent Depression Scale	n/a

Instrument (Cont'd)	Abbreviation
Life Event Checklist	LEC
Patient Health Questionnaire	PHQ-2/PHQ-9
Pediatric Symptom Checklist	PSC
Screen for Childhood Anxiety Related Disorders	SCARED
Social Communication Questionnaire	SCQ
Strength and Difficulties Questionnaire	SDQ
Substance Abuse and Alcohol Abuse Screening (brief screen only)	CRAFFT
Vanderbilt Rating Scales	n/a

The 2017 ***Bright Futures*** *"Recommendations for Preventive Pediatric Health Care"* recommends a psychosocial/behavioral assessment at every Early Periodic Screening *(Health Check)* visit. North Carolina Medicaid will reimburse providers for administration of up to two units of psychosocial screening (CPT 96127) per visit. All documentation requirements for administration of screens apply. Routine depression screening of all adolescents, age 12 and up is also recommended.