

Apple Health Infant-Early Childhood Mental Health Service Models Toolkit



Notices

This publication takes effect **January 1, 2024** and supersedes earlier toolkits.

Disclaimer

Every effort has been made to ensure this toolkit's accuracy. If an actual or apparent conflict between this document and a Health Care Authority (HCA) rule arises, the HCA rules apply.

What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
What is included in this toolkit?	Added bullet noting inclusion of Core service elements of IECMH treatment	To reflect new content
What is not included in this toolkit?	Added bullet noting exclusion of detailed billing and encounter guidance Added footnote directing to HCA billing guides	To reflect limitations of content To share information where billing guidance is found
Overview of Apple Health	Revised paragraph describing medically necessary services covered in the toolkit Added footnote describing how to indicate medical necessity for billing purposes	To improve clarity regarding medical necessity. This is not a policy change. To notify providers on the relevance of diagnosis codes for indicating medical necessity
Managed care	Updated referenced appendix	To improve usability
New Section: Infant-Early Childhood Mental Health	Added background IECMH core services and best practices	To provide information regarding the relevance of infant-early childhood mental health and provide guidance on best practices for infant-early childhood mental health treatment services

Subject	Change	Reason for Change
Mental health professional attestation form	Updated language to reflect relevant providers	To reflect updated policy
Appendices	Reorganized	To improve usability
Appendix B: Apple Health billing resources and information	Renamed Added link for child and youth behavioral health services	To improve usability To direct providers to relevant resources
Appendix C: Relevant contact information	Renamed Reformatted	To improve usability
Removed Appendix: Additional resources and supports for IECMH providers and agencies	Reorganized information throughout the guide	To reduce duplication and improve usability
New Appendix: References	Added references used to develop new content (i.e. Infant Early Childhood Mental Health)	To provide information on references used to support best practices included in toolkit

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Introduction

Working within the Apple Health (Medicaid) system can be complex. Providing infant-early childhood mental health (IECMH) including dyadic mental health services, a newer concept for care, can add to that complexity. Several Health Care Authority (HCA) projects have elevated the need for IECMH-specific Apple Health resources and reference tools to support the adoption of IECMH services in Washington, including:

- [Mental Health Assessment for Young Children \(MHAYC\)](#)
- [IECMH workforce collaborative](#)
- [Dyadic IECMH service billing survey](#)

What is included in this toolkit?

This toolkit is intended to support those interested in receiving reimbursement for Apple Health infant-early childhood mental health services. This toolkit provides guidance and best practices on topics including:

- Core service elements of IECMH treatment
- Avenues to provide mental health services and billing Apple Health for these services
- Requirements to become a licensed mental health provider or behavioral health agency (BHA) with the Department of Health (DOH) in order to provide and bill Apple Health for certain mental and behavioral health services
- Additional resources and supports

What is not included in this toolkit?

This toolkit does not address the following topics related to transdisciplinary services, managed care, and non-Apple Health publicly funded behavioral health systems:

- Transdisciplinary collaboration, including:
 - Reimbursement for physical health habilitative and rehabilitative services (i.e. occupational therapy, physical therapy, and speech therapy) or autism-specific services (autism evaluations through Centers of Excellence or Applied Behavioral Analysis)
 - Scope of practice considerations for different disciplines supporting young children and their families
- Managed care contract negotiations
- Other publicly funded behavioral health systems besides Apple Health
- Detailed billing and encounter guidance¹

Who should use this toolkit?

- Organizations and individuals seeking reimbursement for mental health services to children enrolled in Apple Health, including those who are not currently contracted to provide Apple Health or mental health services

¹ Providers are encouraged to review [HCA's Provider billing guides and fee schedules](#) for additional billing and encounter guidance.

Overview of Apple Health

Washington State Medicaid is called Apple Health. Medicaid is a federally and state funded program to provide health care coverage for the nation's most economically disadvantaged populations, including low-income children and their families, low-income seniors, and low-income people with disabilities.

This toolkit focuses on service delivery options to receive Apple Health reimbursement for mental health treatment offered to children up to six years of age. Per [Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#) policies, Apple Health covers medically necessary² ([WAC 182-500-0070](#)) preventive, dental, mental health, developmental, and specialty services for children and adolescents age birth up to 21.

For more information on Medicaid, see [Appendix A](#).

Managed care

[Covered services](#) under Apple Health are typically provided through [managed care](#). 85% of all Apple Health clients and 95% of clients under age 18 are enrolled in a managed care plan.

HCA currently contracts with five managed care organizations (MCOs). MCOs are required to coordinate with and refer enrollees to external entities, health care and social services, and Apple Health providers.

To receive reimbursement for Apple Health-covered services provided to clients enrolled in managed care, contact the MCOs directly. MCO contact information can be found in [Appendix C](#).

Find more information about managed care on HCA's [website](#).

Fee-for-service

If an Apple Health client is not enrolled in a managed care plan, the client receives services on a fee-for-service (FFS) basis. Instead of contracting with the managed care organizations to receive payment, the health care professional or agency contracts directly with HCA to receive payment for services provided. Services are entered as claims into the [ProviderOne](#) billing system.

More information on FFS coverage can be found on HCA's [website](#).

² Medical necessity indicates whether services by a qualified professional are an appropriate and accepted standard of care for the condition needing to be addressed. For Apple Health billing purposes, International Classification of Disease (ICD) codes are used to indicate the condition necessitating services. Per Apple Health policy and guidance, conditions typically considered to meet medical necessity for mental health services are those within ICD-10 ranges: F01 - F09; F20-F99. For children up to 6 years of age, reference the [Apple Health DC:0-5™ Crosswalk](#) for additional guidance.

Infant-Early Childhood Mental Health

Background

Infant-Early Childhood Mental Health (IECMH) is the developing capacity of the child from birth through 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture (Cohen & Andujar, 2022). These developing capacities support children’s ability to be successful throughout their childhood experiences while also laying the foundation for social and emotional health throughout their lives. While everyone who touches the life of a young child can promote social and emotional well-being, and an array of services across the continuum of promotion, prevention, and treatment can support children within a comprehensive IECMH system of care, the following toolkit was designed to support organizations and individuals interested in providing mental health treatment services for young children.

It is estimated that approximately 1 in 5 young children has a diagnosed mental, behavioral, or developmental disorder (Vasileva et al., 2021). IECMH treatment services are designed to alleviate the distress and suffering of these young children’s mental health problems, while supporting the return to healthy development and behavior, by enhancing the quality of the caregiver-child relationship. These services are provided to children birth through age five who are experiencing mental health issues, and occur with the child’s caregivers/parents through relationship-based treatments. They are highly effective and offer a strong return on investment; every dollar spent on IECMH treatment services can yield \$8.00-\$15.00 in savings per child (Oppenheim & Bartlett, 2022).

Note: Visit [HCA’s Infant-early childhood mental health services webpage](#) to learn more about IECMH in Washington and access IECMH specific resources.

IECMH core services and best practices

This toolkit describes the foundational components of IECMH treatment services, including developmentally-appropriate mental health assessment (see [Appendix E](#) for sources referenced). For organizations that are interested in exploring additional IECMH strategies within their programs, HCA’s IECMH team has published slides highlighting opportunities across the IECMH service continuum.

Note: Learn about Apple Health’s policies to support IECMH best practices by visiting [HCA’s Mental Health Assessment for Young Children provider webpage](#).

Mental health assessments and diagnosis for young children

Developmentally appropriate and culturally responsive mental health assessments allow professionals to identify areas of concern and determine whether treatment services would be appropriate. Although the assessment process is ongoing throughout treatment, the initial mental health assessment, also referred to as an intake evaluation or psychiatric diagnostic evaluation, is used to identify whether mental health treatment services are medically necessary and to inform treatment planning.

Multisession Assessment

Best practice for IECMH assessment recommends collecting information of the child’s functioning over time and in different contexts to ensure an accurate and holistic picture of current functioning. It is also important to gather and incorporate information about the whole child across various domains, such as developmental milestones, medical history, social stressors and supports, and quality of relationships. To support achieving

these best practices, mental health professionals often need multiple assessment sessions to establish a full picture to inform their diagnostic formulation and treatment plan.

Mental health providers may use a variety of approaches to gathering the necessary information for their assessment and diagnosis, including interview, direct observation, and use of standardized instruments. Informal and structured observations may provide information regarding the child's behaviors and developmental abilities as well as support assessment of the caregiving relationship through caregiver-child interactions. Standardized instruments may be used to assist in identifying areas of need and strength to determine whether development is on track. Though these instruments provide useful information to inform assessment, they should never be the sole approach to determining a diagnosis and need for intervention.

Caregiver-Only Sessions

Because young children are dependent on their caregivers, it is essential to include parents/caregivers in the assessment process, both to gather caregivers' perspectives on the child's needs and strengths, as well as to assess the caregivers' own functioning and mental health needs. At times, mental health professionals may conduct caregiver-only sessions to gather sensitive information about the caregiver/parent's psychological functioning and history to inform the mental health assessment for the child.

Developmentally-Appropriate Diagnostic Tool

Young children's mental health needs often manifest and present differently than older children and adults; therefore, best practice recommends use of developmentally-appropriate diagnostic tools that reflect the unique symptoms and classifications of mental health disorders for young children. After completing a mental assessment, professionals can use the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) to inform their diagnostic formulation for treatment. The DC:0-5™ is the internationally accepted system for developmentally appropriate assessment and diagnosis of young children's mental health.

Mental health treatment for young children

Joint Child-Parent/Caregiver Sessions (i.e., Dyadic Family Treatment)

Delivery of IECMH treatment through dyadic family treatment models is a best practice. Dyadic family treatment is a form of therapy in which the infant or young child and their caregiver/parents are treated together with a clinician encouraging positive interactions, enhancing caregiving capacities, and promoting healthy social-emotional development. IECMH treatment services typically include joint child-parent, also referred to as family therapy sessions.

Note: Dyadic family treatment is considered a best practice for IECMH. For more guidance regarding IECMH evidence-based practice reporting and additional resources on clinical elements for IECMH services, see the [2021 Reporting Guide for Research and Evidence-based Practices in Children's Mental Health](#).

Caregiver-Only Sessions

An important component of IECMH treatment models is the strong alliance with the parent/caregiver. To achieve this aim, professionals may meet alone with a parent/caregiver during treatment for the purpose of supporting the parent/caregiver's capacity to participate in joint child-parent sessions and address family stressors impacting treatment engagement. This may take place through family therapy sessions without the child present or contact with the parent/caregiver between joint sessions with the focus on the child's treatment goals. Over the course of treatment, professionals may identify parent/caregiver-specific behavioral health needs beyond the focus of the child's treatment. When this occurs, professionals may refer the parent/caregiver for their own mental health services.

Developmentally-oriented approaches

Though there are different models and intervention approaches for IECMH treatment, a foundational aspect is that treatment is grounded in age-appropriate and developmentally-oriented strategies. Young children who are in the early stages of language development use play as a form of communication. For this reason, play is an essential element for IECMH therapeutic interventions. Further, professionals' use of toys chosen according to a child's developmental stage are critical tools for IECMH treatment.

Additional considerations when working with young children

Natural Settings

IECMH treatment services delivered in natural settings (e.g., home and community) have been shown to be effective. When considering offering IECMH treatment services in natural settings, professionals should consider the advantages and disadvantages of these settings, and should gather parent/caregiver's input on preferences. A key advantage to services in these settings is the opportunity for a professional to gain understanding of the environment and factors impacting the child and parent/caregiver in their daily lives. This insight allows for tailored, individualized interventions to support the child and parent/caregiver's engagement in treatment.

Alternatively, natural settings may also pose as a challenge to intervention in some cases. Delivery of IECMH treatment services in natural settings may pose difficulties due to distractions or factors outside of the professional's control during sessions. Additionally, professionals should talk to parent/caregivers about safety and confidentiality considerations for themselves and the family prior to offering sessions in natural settings.

Collaboration and Coordination

A thorough mental health assessment includes gathering information about child functioning across settings and caregivers over time. This often necessitates partnership with other professionals and disciplines. Additionally, an assessment may identify needs beyond mental health treatment, necessitating referral to other services and ongoing service coordination to support effective intervention and optimal outcomes for the child and family.

Further, young children and their families may also be involved with other systems (e.g., Child Welfare) or be engaged in other services (e.g., Early Supports for Infants and Toddlers). When possible, regular contact or meetings between service providers are a best practice for ensuring there is alignment across plans to support the child and address the family's needs.

Note: To support providers in navigating the complex early childhood system, HCA has developed a tool to help providers identify referral partners for non-mental health specific needs related to a child's functioning and well-being. The [multi-disciplinary referral guide](#) provides examples of potential multidisciplinary partners, though it is not a comprehensive list.

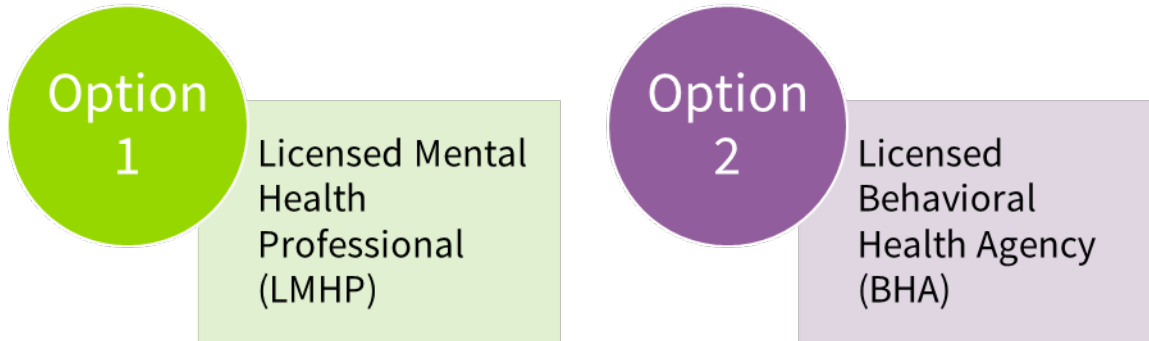
Concrete Assistance

Collaborating with parents/caregivers in addressing family stressors may support family engagement by both alleviating barriers and fostering a strong therapeutic alliance. During IECMH treatment services, professionals may become aware of areas where additional support is needed and referral to appropriate resources or additional services may be beneficial. In some instances, families may require ongoing or extensive case management services, which may necessitate a referral to an organization specializing in these services.

Note: For more information on billing and encounters for Apple Health services, visit [HCA's Provider billing guides and fee schedules provider webpage](#) to access the Mental Health Billing Guide and Service Encounter Reporting Instructions (SERI).

Options for Apple Health IECMH service models

Providers and agencies have two primary avenues to receive Apple Health reimbursement for the provision of mental health services to young children and their families, which include, but are not limited to:

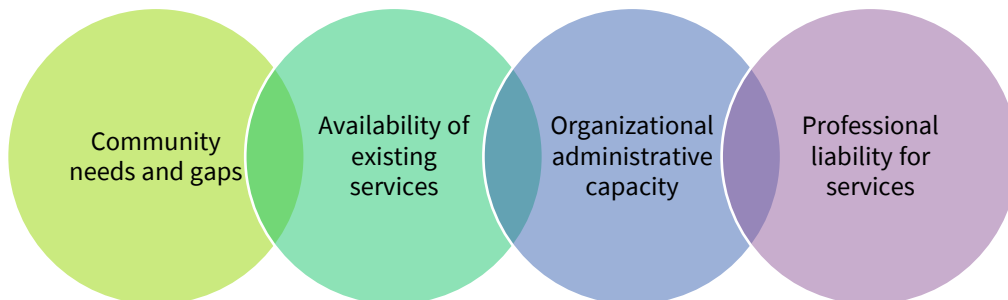


Partnership option

As an alternative, organizations can establish partnerships with existing Apple Health mental health providers and agencies. The existing Apple Health providers or agencies offer their services at your organization but manage reimbursement for Apple Health services themselves. Learn more about the [partnership option](#).

Things to consider

Some topics to consider in determining which option may fit best for you or your organization include:



Option 1: Licensed mental health professionals

Independently licensed mental health professionals (LMHPs) are eligible to contract with HCA to provide mental health services to children and families enrolled in Apple Health.

Which professionals are eligible?

Providers must be independently licensed by the Department of Health (DOH) and in good standing without restriction as one of the following provider types:

- Independently Licensed Marriage and Family Therapists
- Independently Licensed Mental Health Counselors
- Licensed Psychologists
- Licensed Psychiatrists
- Independently Licensed Clinical and/or Advanced Social Workers

For more information about mental health licensure requirements, visit Department of Health [Behavioral Health Professions, Facilities and Agencies](#).

Mental health professional attestation form

With the exception of child psychiatrists, as defined in **RCW 71.34.020**, mental health professionals who diagnose and treat children and youth younger than age 18 must submit a [HCA Mental Health Professionals Attestation form](#).

How to get started

Providers must establish a core provider agreement (CPA) with HCA using their [national provider identifier \(NPI\)](#) and be enrolled with a [ProviderOne account](#) to receive reimbursement for Apple Health services.

For more information about enrolling as a provider with HCA, [visit HCA's provider enrollment page](#).

Managed care

For children enrolled with MCOs, LMHPs must contract with the MCOs in their region.

Fee-for-service

For children enrolled in fee-for-service, LMHPs must complete a billing provider CPA with HCA.

Which services are reimbursable?

Within the scope of their practice, independently licensed mental health professionals may provide outpatient mental health services, including but not limited to:

- Psychiatric diagnostic evaluation
- Psychotherapy and counseling services
- Family therapy
- Group therapy

For more details regarding covered outpatient mental health services, review the Apple Health [mental health billing guide](#) coverage table.

Services provided through Apple Health must meet medical necessity criteria under WAC [182-500-0070](#).

Benefits and disadvantages of option 1

Benefits

- Fewer licensing requirements than option 2
- Flexibility in qualifications and amount of licensed mental health providers

Disadvantages

- Resources to obtain and maintain independent professional license(s)
- Overhead costs associated with directly providing services
- Administrative burden, including enrollment, billing, and contracting
- Limitations for types of services
- Restrictions on services delivered by other non-licensed mental health providers

Option 2: Licensed behavioral health agency

Providers and agencies interested in receiving Apple Health reimbursement for a broader array of behavioral health services, including mental health and substance use disorder services, have the option to become a licensed behavioral health agency (BHA).

Becoming a licensed behavioral health agency

There are three main components to obtaining a license:

- Submit a [behavioral health agency licensing application](#) and accompanying documents to the Department of Health (DOH)
- Pay the applicable [fee](#)
- Obtain approval of DOH's policies and procedures

For more information about becoming a BHA, visit Department of Health [behavioral health agencies \(BHA\)](#).

A provider or agency may not begin providing services until the BHA license and certifications have been issued ([RCW 71.24.037](#)).

Tips for becoming a BHA

- Ensure you submit all necessary application components and fees to start DOH's review process.
- Applications must include a disclosure statement and background check on the administrator completed within the previous 3 months.
- Applications must be submitted by mail with an ink signature of the provider or agency's designated official.

Mail to: Department of Health
PO Box 1099
Olympia, WA

- Use Department of Health's [Policy and Procedure \(P&P\) review tool for Behavioral Health agencies](#) in developing policies and procedures to ensure your organization meets the necessary WAC requirements for behavioral health agencies. (Note that this tool was updated to align with recent WAC changes on May 2023.)

For BHA licensing questions, contact DOH, Michelle Weatherly, Facility Program Manager (Michelle.Weatherly@doh.wa.gov).

How to get started

Agencies licensed as BHAs will need to enter into a Core Provider Agreement (CPA) with HCA and be enrolled for a [ProviderOne account](#). Additionally, BHAs will need to continuously update their CPA with HCA to reflect employees providing services to Apple Health-enrolled clients.

For more information about mental health licensure requirements, visit Department of Health [Behavioral Health Professions, Facilities and Agencies](#).

Managed care

For children enrolled in managed care organizations (MCOs), BHAs will need to contract with the MCOs in their region.

Fee-for-service

For children enrolled in fee-for-service, BHAs must complete a billing provider CPA with HCA.

Which services are reimbursable?

BHAs licensed by the Department of Health receive [certifications](#) which indicate the types of services they can provide. BHAs can choose to provide specific mental health, substance use disorder, problem-gambling, or any combination of these types of services. Each certification has corresponding Washington Administrative Code (WAC) section(s), which detail the requirements for providing that service.

Within Apple Health, many different services that align with these certifications are reimbursable, including but not limited to:

- Intake evaluation
- Individual treatment
- Family treatment
- Group treatment services
- Crisis services
- Peer support

For more information, review HCA's [Service Encounter Reporting Instructions](#) (SERI) and Part II of the Apple Health [Mental Health Billing Guide](#).

Services provided must meet medical necessity (WAC [182-500-0070](#)).

Benefits and disadvantages

Benefits

- Ability to provide broad range of behavioral health services
- Ability to receive reimbursement for services delivered by other non-licensed mental health providers

Disadvantages

- Resources to obtain and maintain BHA license
- Overhead costs associated with directly providing services, including specialty behavioral health services
- Administrative burden, including employment, enrollment, billing and contracting

Establishing partnerships with licensed behavioral health agencies and independent LMHPs

Organizations without the capacity to provide behavioral health services directly or who want to enhance their behavioral health support systems may partner with local behavioral health agencies (BHA) and independently licensed mental health professionals (LMHP), including group practices, in their region.

This allows the organization to offer a variety of services to children without the administrative burden of Apple Health billing, DOH licensure, or directly employing behavioral health staff. In this option, the community partner (either LMHP or BHA) bills Apple Health for services provided to children and families.

A list of behavioral health agencies can be found on the [Behavioral Health Agencies Directory](#) published by Department of Health.

Which services are reimbursable?

LMHP services

- Outpatient mental health services, including but not limited to:
 - Psychiatric diagnostic evaluation
 - Psychotherapy and counseling services
 - Family therapy
 - Group therapy
- For more details regarding covered outpatient mental health services, review the Apple Health Mental Health Billing Guide coverage table.

BHA services

- Outpatient mental health services and specialty behavioral health services, including but not limited to:
 - Intake evaluation
 - Individual treatment
 - Family treatment
 - Group treatment services
 - Crisis services
 - Peer support
- For more information, review HCA's [Service Encounter Reporting Instructions](#) (SERI) and Part II of the Apple Health [Mental Health Billing Guide](#).

Benefits and disadvantages

Benefits

- Ability to offer services to children and families without billing Apple Health directly
- Variety of services offered through each entity
- Reduced administrative burden

Disadvantages

- Providers are not direct employees of the organization, which may create lack of trust between families, staff, and providers
- Negotiations and contracting with community providers and agencies
- Restricted by provider or agency's availability to offer services

Appendix A: Medicaid

Medicaid was established through the enactment of the Social Security Amendments of 1965 (P.L. 89-97) as an entitlement program. Medicaid is jointly funded by both the federal government as well as the individual states to provide health care coverage as a safety net for the nation's most economically disadvantaged populations which include low-income children and their families, low-income seniors, and low-income people with disabilities.

The Centers for Medicare and Medicaid Services (CMS) oversee the federal mandates for states to implement Medicaid. These mandates establish the core benefits or minimum requirements for services state's must offer through their Medicaid program. Each state also has the option of including additional benefits beyond the federally required components. Further, states establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures.

More information on CMS can be found on CMS's website [Medicaid.gov](https://www.medicaid.gov).

Federally-mandated services

States must provide the following services:

- Certified pediatric and family nurse practitioner services
- Early and periodic screening, diagnostic, and treatment (EPSDT) services³
- Family planning services and supplies
- Federally qualified health center (FQHC)
- Freestanding birth centers
- Home health
- Inpatient hospital
- Laboratory and x-ray
- Medical transportation
- Nurse midwife services
- Nursing facility services (age 21 and older)
- Outpatient hospital
- Physician services
- Rural health clinic
- Tobacco cessation counseling and prescription drugs (for pregnant persons)

Learn more about federal requirements and state options on MACPAC's [website](#).

Medicaid State Plan

States enter into an agreement with CMS called a Medicaid state plan. This plan is essentially a contract between the state Medicaid agency and CMS describing how the state meets the federal requirements, any additional benefits the state will cover, methods for reimbursement, and services details. CMS then approves the state plan as well as any revisions or changes (i.e., State Plan Amendments).

More information on Washington's Medicaid State Plan can be found on HCA's [website](#).

³ Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federally mandated, comprehensive, and preventive health care benefit. The purpose of this program is to ensure children and adolescents ages 20 and younger receive appropriate preventive, dental, mental health, developmental, and specialty services. States are required to provide any medically necessary health care services that are coverable under the Federal Medicaid program, regardless of whether the service is covered in a state's Medicaid plan. Learn more at [Medicaid.gov's Early and Periodic Screening, Diagnostic and Treatment webpage](https://www.medicaid.gov/early-and-periodic-screening-diagnostic-and-treatment).

Appendix B: Apple Health billing resources and information

Enrolling as an Apple Health provider

See the [provider enrollment webpage](#) for new providers, or contact providerenrollment@hca.wa.gov.

Apple Health billing guides and fee schedules

HCA publishes Apple Health billing guides to provide information on billing practice for all Apple Health providers. Find billing guides on the [Provider billing guides and fee schedules](#) webpage. Questions about billing guides and coverage may be directed to HCAAppleHealthClinicalPolicy@hca.wa.gov.

Medical Assistance Customer Service Center (MACSC)

Providers may direct billing questions to HCA's Medical Assistance Customer Service Center (MACSC) [online](#) or at 1-800-562-3022.

ProviderOne

ProviderOne is Washington State's Medicaid Management Information System (MMIS). For more information on ProviderOne, visit HCA's provider enrollment [webpage](#).

Managed Care Organizations (MCOs)

Providers who are contracted with managed care organizations should refer to their contractual agreements with MCOs for billing guidance. See [Appendix B](#) for MCO contact information.

Clearinghouses and billing agents

For assistance with Apple Health billing, providers/agencies may choose to contract with an outside entity known as a clearinghouse or billing agent. Providers/organizations may review MCO websites' list of available clearinghouses or may contact the MCOs for additional information:

- [Amerigroup](#)
- [Community Health Plan of WA](#)
- [Coordinated Care](#)
- [Molina](#)
- [United](#)

Apple Health client eligibility and enrollment assistance

- [Medicaid eligibility requirements](#)
- [Stakeholder training and outreach materials](#)

Additional behavioral health resources

Find additional information on Apple Health covered and publicly funded behavioral health services on HCA's [Behavioral Health and Recovery](#) webpage, and learn about [child and youth behavioral health services](#).

Appendix C: Relevant contact information

Department of Health

Behavioral health agency licensure questions and assistance

- Michelle Weatherly, Michelle.Weatherly@doh.wa.gov

Health Care Authority

For program specific questions, please reach out to the following program staff:

Infant-early childhood mental health services

- Christine Cole, Infant-Early Childhood Mental Health Program Manager, christine.cole@hca.wa.gov

Federally qualified health centers (FQHCs) and Rural health clinics (RHCs)

- fqhcrhc@hca.wa.gov

Physician-related/professional services and Telehealth

- hcaapplehealthclinicalpolicy@hca.wa.gov

School-based health care services (SBHS)

- Shanna Muirhead, SBHS Program Manager: shanna.muirhead@hca.wa.gov

Tribal Health Program

- Michael Longnecker, Office of Tribal Affairs Claims and Billing Technician: michael.longnecker@hca.wa.gov

Managed care organization contact information

Please refer to the list below to get assistance directly from an MCO. If you have attempted to get assistance and are encountering obstacles, contact hcamcprograms@hca.wa.gov for assistance from the Health Care Authority (HCA).

Amerigroup (AMG)

Topic	Contact information
Customer Service Number	1-800-600-4441
Website	AMG
Assistance with initial contracting	preston.cody@amerigroup.com
Billing questions, issues, or coverage inquiries	Fill out the provider contact form ; you will receive a response within 48 business hours.
Assistance coordinating care for families	wabhreferrals@amerigroup.com Niki Lewis at Nikole.Lewis@anthem.com

Community Health Plan of Washington

Topic	Contact information
Customer Service Number	1-800-440-1561

Website	CHPW
Assistance with initial contracting	provider.relations@chpw.org
Billing questions, issues, or coverage inquiries	provider.relations@chpw.org or the website for additional resources.
Assistance coordinating care for families	caremgmtreferrals@chpw.org ; 1-866-418-7004 Kristol Parker at Kristol.Parker@chpw.org

Coordinated Care of Washington (CCW)

Topic	Contact information
Customer Service Number	1-800-869-7165
Website	CCW
Assistance with initial contracting	joinournetwork@coordinatedcarehealth.com
Billing questions, issues, or coverage inquiries	CoordinatedCareProvi@centene.com 1-877-644-4613 (TDD/TTY 1-866-862-9380)
Assistance coordinating care for families	caremanagement@coordinatedcarehealth.com (IMC) ahccteam@coordinatedcarehealth.com (FIC)

Molina Healthcare of Washington, INC (MHW)

Topic	Contact information
Customer Service Number	1-800-869-7165
Website	MHW
Assistance with initial contracting	Fill out: contract request form MHWProviderContracting@MolinaHealthcare.com
Billing questions, issues, or coverage inquiries	Provider Contact Center (855) 322-4082
Assistance coordinating care for families	Email the Referral for Care Management form to mhwcmreferral@molinahealthcare.com

United Healthcare Community Plan (UHC)

Topic	Contact information
Customer Service Number	1-800-542-8997
Website	UHC
Assistance with initial contracting	jennifer_emery-morelli@uhc.com
Billing questions, issues, or coverage inquiries	Assigned advocate once contract is complete.
Assistance coordinating care for families	wa_carecoordinationrequests@uhc.com

Appendix D: Additional resources and supports for families and communities

Mental health crisis lines

- Crisis Text Line: Text HOME to 741741
- The Trevor Project (LGBTQ+ Youth): 1-866-488-7286, text START to 678678, or visit [TrevorChat](#)
- [Washington State Mental Health Crisis Lines by County](#)
- National Suicide Prevention Hotline: 1-800-273-8255
- National de Prevencion del Suicidio: 1-888-628-9454
- Suicide & Crisis Lifeline: 988
- National Suicide Prevention [Lifeline Chat](#)
- [Regional crisis lines and Mobile Response and Stabilization Services \(MRSS\) for youth](#)
- Trans Lifeline: 1-877-565-8860
- RED NACIONAL de Prevención del SUICIDIO

Mental Health warmlines and referral access lines

- [Mental Health Referral Services \(MHRS\) for Children and Teens](#): 833-303-5437 (Monday-Friday, 8 am – 5 pm)
- [Perinatal Support Washington Warmline](#): 1-888-404-7763 (Live answer: Monday-Friday, 9 am – 4:30 pm; leave a message and receive a return call: evenings and weekends)
- [Help Me Grow Washington Hotline](#): 1-800-322-2588

Caregiver support and advocacy organizations

- [Children’s Behavioral Health Statewide Family Network](#)
- [Children and Youth Behavioral Health Work Group \(CYBHWG\)](#)
- [Family Youth System Partner Round Table \(FYSPRT\)](#)
- [The Center of Parent Excellence \(COPE\) Project](#)

Appendix E: References

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