Washington State Health Care Authority

# Mental Health Assessment for Young Children Implementation Report

**April 2023**

# Table of Contents

Acknowledgements ..... 3
Executive Summary ..... 4
Background ..... 5
Mental Health Assessment for Young Children (MHAYC) ..... 5
MHAYC Implementation Survey ..... 5
Data collection ..... 5
Survey respondents ..... 6
Results ..... 8
Overall implementation ..... 8
Multi-session assessments ..... 8
Overview ..... 8
Implementation strategies and challenges ..... 8
Outcomes ..... 9
Provider travel ..... 10
Overview ..... 10
Implementation strategies and challenges ..... 11
Outcomes ..... 12
Using the DC:0-5 ..... 12
Overview ..... 12
Implementation strategies and challenges ..... 13
Outcomes ..... 14
Other implementation strategies and challenges ..... 14
HCA communication with providers about MHAYC ..... 14
Managed care organization (MCO) communication with providers about MHAYC ..... 15
Family awareness of and access to MHAYC services ..... 15
Working within the broader IECMH system ..... 16
Conclusion and next steps ..... 17
Appendix A – Additional challenges with multi-session assessments ..... 18
Appendix B – Additional data tables ..... 19
Appendix C – King County Integrated Care Network response ..... 20
Appendix D – Managed care organization responses ..... 21

# Acknowledgements

Health Care Authority's Infant-Early Childhood Mental Health Team would like to share their gratitude to the twenty mental health provider entities who generously spent time completing the survey, as well as responding to follow up questions and providing their feedback on this report. These provider entities include:

- Catholic Charities of Central Washington
- Catholic Community Services (of North Sound Region)
- Childhaven
- Children's Home Society of Washington
- CORE Health and Community House on Broadway
- Greater Lakes Mental Healthcare
- Heckert Counseling & Consultation, PLLC
- HopeSparks
- Kent Youth & Family Services
- Navos
- Sandbox Therapy Group
- Sea Mar CHC
- Southwest Youth and Family Services
- Susan K. Leveridge, PLLC
- Triumph Treatment Services
- Yakima Valley Farm Workers Clinic

as well as others who prefer to remain anonymous.

# Executive Summary

Approximately 1 in 6 young children has a diagnosed mental, behavioral, or developmental disorder (Cree et al., 2018). These disorders, if properly identified using diagnostic criteria relevant to infant and early childhood development, can be effectively treated with infant-early childhood mental health (IECMH) services. The Washington State Legislature passed legislation in 2021 (**2021 c 126 § 2**) to align Apple Health policies with best clinical practices for mental health assessments for young children (birth through age five). The policy changes, referred to as Mental Health Assessments for Young Children (or MHAYC) included:

- Allowing reimbursement for **multi-session assessments**
- Allowing reimbursement for **provider travel** costs for sessions in home/community settings
- Requiring providers to **use the DC:0-5**

In the Fall of 2022, twenty different providers from across the state completed the MHAYC Implementation Survey, sharing their experience in adopting the various components of the MHAYC policy. While this survey only represents a small number of providers, responding providers indicated a moderate uptake of the mental health assessment for young children (MHAYC) policies, with higher uptake of multi-session assessments and of use of the DC:0-5, than of provider travel, as noted below:

- **80%** of providers were already implementing or planning to implement **multi-session assessments**;
- **45%** of providers were planning to implement **provider travel**; and
- **90%** of providers were already implementing or planning to implement **use of the DC:0-5**.

Providers noted many strategies for incorporating these new policies into their practice, such as updates to electronic health records, intake paperwork, billing processes, and internal training; they also shared that these updates could be very time and resource intensive. Despite these challenges, organizations noted that the MHAYC policies had made billing for IECMH services easier, increased provider competence in serving young children, and improved access to developmentally appropriate services.

> "These updates have been tremendously helpful at connecting families to services and making them easier to provide from a billing standpoint."
>
> – Behavioral health agency in Great Rivers

In addition, providers shared how communication and awareness, both among providers and families, contributed to successful implementation, as well as how other components of the broader IECMH system impacted their ability to serve families. Lastly, but perhaps most critically, providers' responses demonstrated that some aspects of the MHAYC implementation were positively impacting health equity, but they also revealed areas where inequities remained unaddressed.

HCA's IECMH team is committed to taking steps to continue supporting implementation of this work, including through expanded support and connection opportunities for providers, continued evaluation and data dissemination, and development of a family-focused communication, engagement, and partnership strategy.

***Suggested citation:*** *Fabian, K. & Cole, C. (April 2023). Mental Health Assessment for Young Children Implementation Report. Washington State Health Care Authority.*

# Background

## Mental Health Assessment for Young Children (MHAYC)

Approximately 1 in 6 young children has a diagnosed mental, behavioral, or developmental disorder (Cree et al., 2018). These disorders, if properly identified using diagnostic criteria relevant to infant and early childhood development, can be effectively treated. Appropriate assessment leads to more effective treatment and reduces behavioral, school, and physical health risk factors over the long term.

The infant-early childhood mental health (IECMH) community in Washington state worked for several years to advance policies supporting developmentally appropriate assessment for young children, especially those enrolled in Apple Health (Medicaid). As the result of these efforts, the Washington State Legislature passed legislation in 2021 (**2021 c 126 § 2**) to align Apple Health policies with best clinical practices for mental health assessments for young children (birth through age five). The policy changes included:

- Allowing reimbursement for **multi-session assessments**
- Allowing reimbursement for **provider travel** costs for sessions in home/community settings
- Requiring providers to **use the DC:0-5**

HCA began work to implement these mental health assessment for young children (MHAYC) policies in July of 2021, and these changes went into effect in January 2022. Throughout the process, HCA's IECMH team has worked to partner with the provider community to ensure that implementation of these policies aligns with the original legislative intent.

## MHAYC Implementation Survey

To collect provider feedback on implementation of the MHAYC policies, HCA's IECMH team launched the MHAYC Implementation Survey. The survey aimed to understand the experience of providers in adopting the various components of the MHAYC policy – including where they were in the process, what steps they were taking, challenges they had experienced, and any outcomes they had seen as the result of these new policies.

Additionally, the survey asked specific questions about HCA communication to providers, potential positive or negative impacts of the MHAYC policy on equity, and current efforts providers were engaged in to understand the perspectives of the families they served.

Survey questions were a mixture of multiple choice (quantitative) and open-ended (qualitative). A full list of the survey questions can be found here.

### Data collection

The survey was administered through the ServiceNow platform and ran from September 15 until December 1, 2022. The survey was shared through a variety of strategies, including:

- HCA's Mental Health Assessment for Young Children webpage,
- Announcements at various HCA presentations and events,
- HCA's GovDelivery system (Prenatal – Age 25 Behavioral Health, Publicly Funded Behavioral Health Provider, and Tribal Behavioral Health Provider lists),
- Partners sharing information with their networks, and
- HCA staff reaching out personally to organizations who had attended past IECMH Billing Webinars and agreed to be contacted by HCA on topics related to IECMH.

About half of the responding providers completed the survey after personal outreach from HCA staff, suggesting that relational approaches are critical to this sort of data collection.

**Centering Equity**

Equitable research involves ensuring that all eligible participants have the opportunity, and any needed supports, to respond to data collection processes, like surveys. Certain participants, especially those with more access to resources, may be more likely to respond to surveys, which biases information in favor of those perspectives. Outreach that centers the importance of relationships and the perspectives of those furthest from opportunity is key to collecting more representative data.

Once data is collected, it is also crucial to understand whose perspective is represented. Knowing whose story is told through collected data, and whose story is not, is important context for any data-informed decision making.

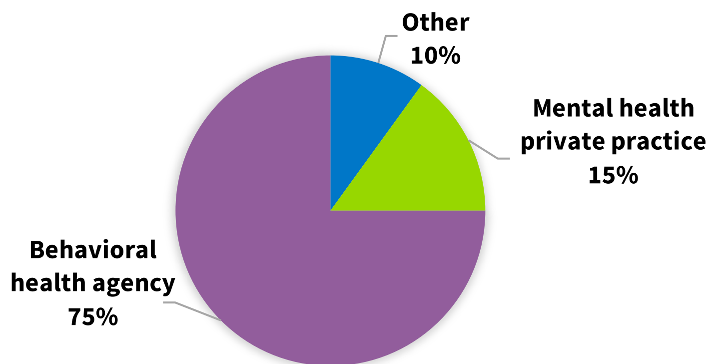
## Survey respondents

The survey was open to any provider entity contracted to provide mental health services to children enrolled in Apple Health. Within the Apple Health system, this could include licensed behavioral health agencies or individually licensed mental health providers practicing within group or individual mental health practices, or at other locations with integrated mental health services, such as primary care clinics.

Especially given the diversity in practice types, it is hard to estimate the actual number of different provider entities that would be eligible to respond to the survey. Preliminary analysis of Apple Health claims data suggests that there may be roughly 250 different billing providers/provider entities (behavioral health agencies, private practices, etc.) who provide mental health assessments to young children enrolled in Apple Health. A total of 20 provider entities responded to the survey, which means that the data in this report only represents a small portion of all eligible providers.

### Provider types

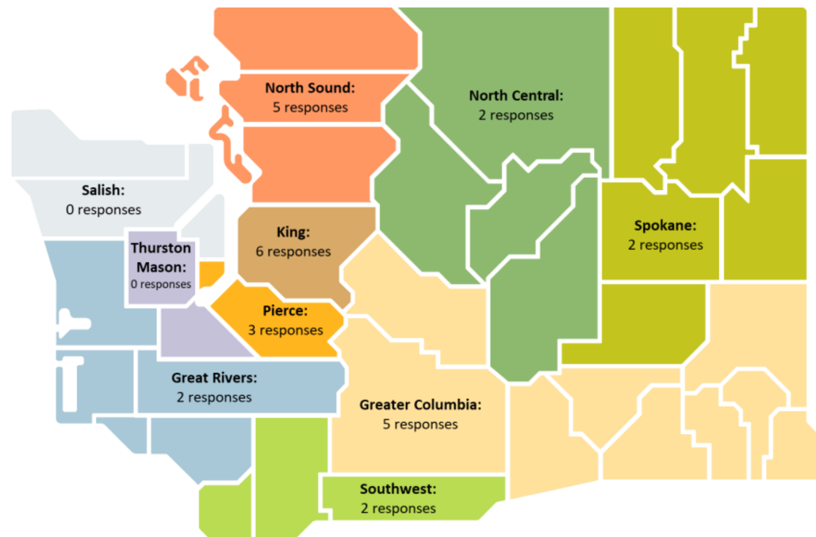
The majority of responding provider entities (n=15, 75%) were licensed behavioral health agencies (*see figure below*). Two of these behavioral health agencies were also Federally Qualified Health Centers (FQHC), and three were Certified Behavioral health Community Centers (CBHCC). Three responding entities (15%) were private practices, with two individual practices and one group practice. Two responding entities (10%) marked that they were an "Other [provider type with integrated mental health services]."



## Geographic distribution

There are ten different regions for delivery of Apple Health. While most responding provider entities had their location(s) in one region, four provider entities had locations across multiple regions. Eight of the ten regions were represented by at least one responding provider entity; no responding provider entities had locations in the Salish or Thurston-Mason regions.

| Region | # | % |
|---|---|---|
| Greater Columbia | 5 | 25% |
| Great Rivers | 2 | 10% |
| King | 6 | 30% |
| North Central | 2 | 10% |
| North Sound | 5 | 25% |
| Pierce | 3 | 15% |
| Salish | 0 | 0% |
| Southwest | 2 | 10% |
| Spokane | 2 | 10% |
| Thurston-Mason | 0 | 0% |




*Since some responding providers had locations in multiple regions, totals add to more than 100%.

**Note**: For ease of interpretation, the entities who responded to this survey will be referred to 'responding providers' or 'providers' in this report, but it is important to note that one 'provider' can represent diverse provider types, from a single mental health clinician operating their own individual private practice, to a multi-site behavioral health agency employing hundreds of individual clinicians and staff serving families across multiple counties and regions.

# Results

## Overall implementation

While this survey only represents a small number of providers, responding providers indicated a moderate uptake of the mental health assessment for young children (MHAYC) policies, with higher uptake of multi-session assessments and of use of the DC:0-5, than of provider travel. Providers noted many strategies for incorporating these new policies into their practice, such as updates to electronic health records, intake paperwork, billing processes, and internal training; they also shared that these updates were time and resource intensive. Overall, organizations noted that the MHAYC policies had made billing for IECMH services easier, increased provider competence in serving young children, and improved access to developmentally appropriate services.

> "MHAYC has supported our agency in being able to implement policies and procedures that match the needs of our clients and best practice in our work."
>
> – Behavioral health agency in Pierce County

> "It has made several of us feel more confident offering evals and services to children under 6 years of age: [a] big deal!"
>
> – Multi-regional behavioral health agency

While there were some common themes across the overall MHAYC implementation, detailed information about the implementation of each specific component of the MHAYC policy is included below. In addition, the following sections will highlight implementation strategies and challenges responding providers experienced as part of this process.

## Multi-session assessments

### Overview

Prior to January 2022, some Apple Health providers needed to obtain prior authorization to receive reimbursement for more than one mental health assessment session per client per calendar year. Though extending the assessment phase was allowable under Apple Health policy, awareness and clarity on how to utilize these methods was relatively unknown or unclear to the provider community. Beginning in January 2022, Apple Health providers conducting a mental health assessment (i.e., Psychiatric Diagnostic Evaluation or Intake Evaluation) with children from birth through age five can be reimbursed for up to five sessions, per client, per billing provider, per calendar year, without prior authorization. This policy does not direct providers to conduct a specific number of sessions; rather it allows flexibility for providers and tailor the number of sessions needed to gather sufficient information to support a diagnosis.

### Implementation strategies and challenges

This component had moderate uptake: 80% of responding providers were already implementing or planning to implement this policy, with 40% already implementing this policy and 40% planning and/or preparing to implement. Providers shared about the steps they took or strategies they have planned to implement this policy, including:

- Updating electronic health records[1] to allow for documentation and billing of multiple assessment sessions
- Updating intake documentation and processes to collect information across multiple sessions
- Providing training and quality management reviews for staff on these updated procedures, in some cases with smaller "pilot" teams

Many responding providers noted that these processes could be time and resource intensive, involving collaboration with information technology (IT) staff, billing and coding staff, agency leadership, and clinicians with IECMH expertise. Sometimes, it was a challenge to align multi-session practices with existing organizational policies.

**Centering Equity**

Apple Health policies that are incongruent with provider training can increase administrative burden on providers, which may deter them from participating in the Apple Health provider network. This leaves the low-income families enrolled in Apple Health with diminished access to a diverse, robust, and high-quality network of providers. Respondents noted that multi-session assessments were more congruent with best practices and reduced their stress, which may in turn lead to reduced turn-over and a stronger provider network.

> "Our agency's assessment documentation template had been standardized for the entire network (adult, children, etc.), so, the documentation for [multi-session] assessments has been extremely troublesome, forcing us to use even more workaround steps than before."
>
> – Behavioral health agency in King County

Other times, it was a challenge to align multi-session billing practices with policies at the network level, specifically for some providers contracted with King County Integrated Care Network (see Appendix C for King County Integrated Care Network's response to these concerns).

> "Getting the services to go through our electronic health record and transmit properly to King County continues to be a challenge. The process is nuanced and difficult to navigate due to the King County system being outdated and not user friendly."
>
> – Behavioral health agency in King County

Additional challenges only noted by one provider and/or that involved broader Apple Health billing policies and guidance are noted in Appendix A.

## Outcomes

Despite these challenges, responding providers shared many positive outcomes resulting from these policy changes. Providers reported these changes felt more aligned with best practices for developmentally appropriate assessments. Further, the process has improved providers' experience through a greater sense of support and reduced urgency to come to a diagnosis within the first meeting with a family.

> "We appreciate having the pressure taken off our clinicians to come up with a diagnosis after the initial appointment, which had never felt ethical to us. The 5-session assessment process…feels more aligned with developmentally aligned practice."
>
> – Behavioral health agency in King County

---

[1] An Electronic Health Record (EHR) is an electronic version of a patients' medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports (CMS.gov).

"The providers feel less pressure to make a fast educated guess on diagnosis, and instead can spend time being more acquainted with the child's and families' challenges presenting."

– Multi-regional behavioral health agency

"This change has allowed for clinicians to have greater congruency and feelings of support in taking the appropriate time to make these decisions and document all considerations…The ability to bill for additional assessment sessions and acknowledgement that this allows for greater reimbursement**,** during a time of high needs for a provider and family, is useful."

– Behavioral health agency in Pierce County

Providers also noted how a longer intake process allowed them to provide more family-centered care.

**Centering Equity**

Families experiencing multiple stressors, including those who speak a language other than English, may face challenges in accessing mental health care. Respondents noted that allowing more time for the intake process was especially beneficial for these families, as they were able to pace sessions based on families' needs and preferences.

"This allows families who have multiple children, jobs, and stressors to do sessions in smaller chunks, gives time for them to process what they need and how we can help as well."

– Behavioral health agency in King County

"We have always tried to accommodate families any way we can. This policy change allows us to do that without worry that we could get in trouble if the family needed to leave mid-session due to behaviors (tantrums) or other needs."

– Behavioral health agency in King County

Providers noted that increased time for the intake process allowed them to better coordinate with other providers and entities, such as early childhood education and specialty health care providers. Supported providers, increased coordination, and family-centered practices all helped lead to more accurate diagnosis, and ultimately, appropriate treatment.

"The assessment process doesn't seem as rushed, and the final product is more comprehensive."

– Behavioral health agency in Great Rivers

"We are very excited about this, as we have known that the younger the child, the longer the intakes usually take. Making a 2+-hour intake the only option for little ones is unfair for the kids (and parents), as well as difficult for the clinician to get a full picture of what's happening. The new way of assessing allows for more variables and enables kids and families to put their best foot forward from the start, allowing us to get a better picture of what is happening for proper assessment and treatment planning."

– Behavioral health agency in King County

# Provider travel

## Overview

Prior to January 2022, providers could travel to home and community settings to conduct mental health assessment sessions, but there was no specified funding to support the costs associated with offering community-based care, such as lost productivity or mileage. This presents a barrier to providers and agencies offering community-based care. Especially for young children, seeing them in their natural environments

provides a clearer picture of the needs and strengths of the child and family. When children are observed in settings such as a behavioral health agency or a private practice office providers may not see the child's typical behaviors, as they may act differently navigating this new environment. Beginning in January 2022, Apple Health providers can receive mileage reimbursement when traveling to conduct a mental health assessment session for children birth through age five in the home or a community setting. This policy does not direct providers to conduct sessions in the home or community setting; rather it allows flexibility for providers to work with children and families in their natural environments.

## Implementation strategies and challenges

Of the three components, provider travel had the lowest uptake. No responding providers reported that they were currently implementing this part of the policy. This data is supported by the fact that as of December 31, 2022, HCA had received no invoices from fee-for-service providers or managed care organizations for travel reimbursement.

About half of the responding providers (45%) did report that they were planning or preparing to implement this policy change. These providers shared about the steps they were taking, including:

- Incorporating the kinds of cases that would best be served in home/community settings
- Developing an internal tool for clinicians to fill out to report their travel for assessments for any assessments for clients ages birth – 5, which would be used to gather information to submit on the invoice.

As one provider planning to implement this policy change noted, while the current reimbursement structure provides reimbursement for travel mileage, this does not fully cover the costs and services impacts associated with providing home and community-based services.

> "Additional time travelling means there is limited time to serve more clients…adding home visitation…negatively impacts clinicians' productivity and the quantity [of families] we are able to serve."
>
> –Multi-regional behavioral health agency

About half of the providers (45%) reported that they were not planning to implement this policy; while not all providers shared their reasoning, those that did share indicated a variety of different factors. Some providers were traveling to home and community settings, but they did not plan to utilize the MHAYC provider travel funds. Of these providers, one was accessing reimbursement through another funding stream (Wrap-around with Intensive Services or WISe).

Another provider shared that the administrative burden to access the funds through the invoicing process required by HCA was too great.

> "The paperwork to submit for reimbursement …is so tedious that we have decided *not* to implement this. This is a shame, because the policy change, that is supposed to lead to improvement, is not leading to any meaningful change … [the process] is not efficient enough for this to be worthwhile effort, which means community mental health agencies continue to shoulder the cost of assessment travel."
>
> – Behavioral health agency in King County

Other providers noted that they did not plan to use the MHAYC provider travel funds, because they did not currently travel to homes or community settings to provide services. Providers differed in why they did not travel to provide home-based services, such as families' anxiety around the transmission of COVID concerns or because their agency was already co-located in a homeless shelter. Several providers noted that while they did not currently plan to provide home/community-based services, they recognized the potential positive impact and would be open to it in the future.

## Outcomes

Despite the challenges to implementation, responding providers spoke positively about the potential benefits of the policy.

**Centering Equity**

Families in rural communities often face inequities when it comes to accessing high quality behavioral health services. Respondents shared that reimbursement for provider travel to meet families in their homes and community settings could help rural families access care more easily. However, this potential expansion of equitable access is dependent on providers ability to effectively receive reimbursement for their travel costs.

"[Traveling to home and community settings] benefits the ability to appropriately diagnose by decreasing barriers to transportation. In addition, travel allows for more comprehensive assessment by including multiple caregivers as needed."

– Multi-regional behavioral health agency

"The home-based work…gives providers a better idea of what the child's environment is, and an opportunity to observe interactions with parents. It reduces the transportation barrier, as some of our families live in very rural areas and don't have reliable transportation. If we are able to go to them for the assessment and treatment, it is a huge help!"

– Behavioral health agency in Greater Columbia

# Using the DC:0-5

## Overview

Prior to January 2022, Health Care Authority did not provide guidance regarding what diagnostic manual Apple Health providers should use for mental health assessments for young children. Per the federal Center for Medicare and Medicaid Services (CMS), all Apple Health claims must include an appropriate ICD-10 diagnosis to be eligible for reimbursement. Additionally, Washington state Department of Health (DOH) licensure rules required the use of the Diagnostic & Statistical Manual (DSM-5) for providers working at licensed behavioral health agencies.

Beginning in January 2022, Apple Health guidance directs providers to use the DC:0-5 for mental health assessment and diagnosis of young children. HCA released a DC:0-5 crosswalk that connects DC:0-5 diagnosis to corresponding ICD-10 diagnoses, to assist providers in identifying the appropriate ICD-10 code for billing purposes. This DC:0-5 crosswalk was republished in October 2022 with updates informed by IECMH community input. Additionally, in September 2022, DOH updated their policy to align with MHAYC policies, such that providers working at licensed behavioral health agencies were permitted to use either the DC:0-5 or the DSM-5.

Beginning in March 2022, free DC:0-5 training was made available for providers who have not received training in the DC:0-5; these free trainings and additional professional development supports are provided through HCA's contractual partnership for the Infant-Early Childhood Mental Health Workforce Collaborative with Washington Association for Infant Mental Health.

## Implementation strategies and challenges

This component showed moderate uptake: 90% of responding providers were already implementing or planning to implement this policy change, with over half (55%) actively implementing this policy change and 35% planning and/or preparing to implement.

Respondents shared about the steps they took or were taking to implement this policy, including:

- Having clinical and administrative staff attend free DC:0-5 trainings and access free DC:0-5 manuals
- Updating electronic health records to include the DC:0-5 framework and diagnoses, such as linking to the DC:0-5 crosswalk or including prompts for each axes
- Provided internal training, consultation groups, and quality review processes for staff on these changes

**Behavioral Health Provider Survey**

The findings in this report are also supported by the results of the 2022 Behavioral Health Provider Survey (BHPS). The 2022 BHPS was conducted December – April of 2022 and was sent to all licensed behavioral health agencies in the Washington state. Agencies who reported that they served infants and toddlers (n=18) were asked about their agency policies regarding the DC:0-5, and 75% of these agencies reported recommending or requiring the use of the DC:0-5 for intake assessments for children younger than five. Read the full report to learn more.

Though MHACY policies are new to Apple Health, it is worth noting that several providers shared in their response that they had already been using the DC:0-5 prior to MHAYC policy implementation in 2022. Some of the implementation steps noted above were to further reinforce, update, or expand the use of the DC:0-5 for these providers.

An HCA-approved DC:0-5 crosswalk and free DC:0-5 trainings and manuals were the major implementation resources HCA committed to providing to support use of the DC:0-5. 95% of responding providers were aware of both these resources. 100% of providers who used the DC:0-5 crosswalk found it to be useful, and 95% of providers who attended DC:0-5 training reported it to be useful[2].

**Centering Equity**

Like most components of the mental health system, the diagnostic process is largely informed by white and colonialist ways of thinking. Respondents noted that the DC:0-5 gave them a framework for centering a family's unique culture into the assessment and diagnostic process. However, they also noted that the DC:0-5 and its respective training could be improved with regards to addressing systemic oppression.

Responding providers did note several challenges in implementation. Some providers shared that while DC:0-5 training was informative and detailed, it did not adequately address racial discrimination and systems of oppression.

Providers also noted that the work to update intake processes and documentation systems were time and resource intensive, highlighting the costs of purchasing new screening tools and updating electronic health records. Providers also struggled with a lack of clarity regarding whether there were specific requirements for their intake processes and documentation systems.

> "Developing the format for the assessment report to include all required elements has been challenging. I'd like to see if other organizations have already developed one."
> – Behavioral health agency in Greater Columbia

[2] DC:0-5 training is coordinated through the Infant-Early Childhood Mental Health Workforce Collaborative (IECMH-WC), a contractual partnership between HCA and the Washington Association for Infant Mental Health. The IECMH-WC has collected extensive data regarding participant experience with the DC:0-5 training, and more information is available on their webpage.

## Outcomes

Responding providers shared multiple positive outcomes as the results of these policy changes. Free training allowed staff from a variety of backgrounds to gain skills and confidence in serving young children and families. The training supported staff in incorporating developmentally appropriate practice in their work.

> "Having training widely accessible sponsored at no cost to them – it is wonderful! Great access to all!"
>
> – Multi-site behavioral health agency

> "Infant Mental Health providers had additional work to try to make everything fit into the DSM-5/older persons system rather than having one for young children. This helps us accommodate their needs in a more straightforward way."
>
> – Behavioral health agency in King County

**Centering Equity**

Professional development in specialty fields is critical, but often expensive. Training that is provided at no cost allows providers who may be historically under-resourced, such as providers of color and rural providers, to have equitable access to high quality education and skills.

When putting their training into practice, responding providers reported that use of the DC:0-5 improved the assessment and diagnosis process for providers and for families. Providers had stronger coordination with external partners such as schools and doctor's offices and had a framework for incorporating cultural considerations into the diagnostic process. The assessment process was developmentally appropriate and more comprehensive, and families had a more positive experience.

> "[DC:0-5 is] increasing clinicians' competency in infant mental health which, in turn, assists in communicating with caregivers and systems."
>
> – Multi-regional behavioral health agency

# Other implementation strategies and challenges

The overall goal of the MHAYC policies was to support developmentally appropriate assessment and diagnosis for young children. While initial legislation outlined the three components above as the primary levers for practice change, responding providers shared about additional components.

## HCA communication with providers about MHAYC

The MHAYC survey specifically asked questions about how HCA communicated with providers regarding the new policies. HCA has purposefully taken a multi-platform approach to communication regarding these policy changes. In general, responding providers appreciated HCA's communication efforts and found them helpful (see Appendix B for more information about providers' awareness, use, and experience with HCA's various communication platforms).

> "HCA has been using a variety of ways to communicate. I especially appreciate the office hours, in order to ask questions!"
>
> – Behavioral health agency in Greater Columbia

> "It used to be that you had to be in the know about where to get these Birth to Five trainings and details, but the HCA did a great job filtering it to all providers."
>
> – Multi-regional behavioral health agency

However, providers shared that there was still room for improvement with regards to streamlining communication and making sure all providers could access the information.

**Centering Equity**

Transparent communication allows providers from all regions and backgrounds to have equitable access to the information and supports they need to do their work. An area for continued improvement will be exploration of addressing accessibility barriers related to how providers receive communication (e.g., virtual communications, English-only materials).

"I think as long as you are signed up and know where to look, the information is excellent. I'm not sure how [HCA] reaches out to providers who provide the service but may not be signed up to receive updates from HCA."

– Behavioral health agency in Greater Columbia

## Managed care organization (MCO) communication with providers about MHAYC

In Washington state, 95% of children and youth enrolled in Apple Health are covered through "managed care." Managed care is a comprehensive system of medical and health care delivery and includes preventive, primary, and specialty care, behavioral health (mental health and substance use disorder), and care coordination services. HCA pays the managed care organization (MCO) a monthly fee for clients' care. The MCO then contracts directly with the health care professional or agency and pays the health care professional or agency who provided the care, based on the negotiated rates of services outlined in their contract. More information about managed care can be found on HCA's managed care webpage.

HCA staff intentionally partnered with MCOs in the roll-out of the MHAYC policies, to align HCA efforts with MCO communications and support for providers in their networks. One question on the survey asked providers about the awareness and experience with communication from managed care organizations; in general, responding providers were less aware of and less likely to use MCO communication channels than HCA communication channels (see Table 1 in Appendix B). One provider shared that different MCOs reported 'conflicting information' to providers and billers, which was a challenge. However, 100% of providers who reported that they used MCO communication shared that they found them to be useful (see Table 1 in Appendix B).

## Family awareness of and access to MHAYC services

The MHAYC survey also specifically asked questions regarding how MHAYC policies may or may not impact families' equitable access to mental health care. Several responding providers noted that they believed many families may not be aware of the available services, and some specifically wondered how referral pathways from other providers contributed to this.

**Centering Equity**

Families with multiple stressors may struggle to navigate the complex behavioral health system. Designing systems to serve families, rather than making families serve systems, helps ensure that all families have access to the care they need.

I'm sure there are a lot of folks who could definitely use the service, but are they aware that it is available? We do our best to do outreach and share the work that we do here, but I would guess there are a lot of people in the community who do not know that the policies for MHAYC have been changed."

– Behavioral health agency in Greater Columbia

I think [that by] ensuring that all childcare orgs and Head Start and ECEAP programs see the value of recommending families to these services, we would get a leg up on early identification of the birth to five issues! Also, pediatricians could do a better job referring too."

– Multi-site behavioral health agency

"Access is always a wondering for us. How do families get referred? What systems are families and children interacting with that would give them access to our ESIT and MH systems?"

-Behavioral health agency in Pierce County

## Working within the broader IECMH system

While questions on the survey focused on implementation strategies and challenges regarding MHAYC policies, some responding providers also shared about additional challenges they faced providing infant-early childhood mental health services while working within the broader behavioral health system. No policy exists in isolation, and addressing these concerns may be a critical piece of building out a supportive system, where developmentally appropriate assessment and diagnosis for young children enrolled in Apple Health is just one piece of the puzzle. Additional challenges included:

- Lack of funding to provide services to uninsured or underinsured children
- Lack of available childcare for caregivers to access services (for themselves or for their children in caregiver-only sessions)
- High productivity standards and low reimbursement rates for IECMH services
- Inability to bill Apple Health or private insurance for services provided by psychology assistants (psychology assistants are not a Department of Health licensed provider type in Washington state)
- Additional challenges faced around billing Apple Health for autism evaluations with young children
- Resources needed for marketing services to potential clients and referring providers
- Need for additional training in IECMH treatment models

# Conclusion and next steps

HCA's Infant Early Childhood Mental Health (IECMH) team is grateful to the twenty responding providers from across the state who completed the MHAYC implementation survey, sharing candidly about their experience and process to implement a new policy. The responses from the survey tell a story of changing practice and improved access, with qualitative data demonstrating improvements in providers' competence and family experience. The results also highlight several areas where additional support would be beneficial, particularly around provider travel reimbursement, intake processes, and electronic health records.

In reviewing these results, HCA's IECMH team is committed to the following next steps:

1. Convene a series of listening sessions with mental health providers across the state to better understand challenges to IECMH service adoption and the impact on implementing MHAYC policies.
2. Utilize existing administrative data (i.e., claims data) to assess utilization of MHAYC components, such as multi-session assessments and sessions conducted in home and community settings.
3. Host IECMH Provider Spotlight events where IECMH providers and agencies can share their best practices around MHAYC implementation with one another; explore opportunities for these best practices to be shared with the broader IECMH workforce.
4. Continue to fund and support resources for DC:0-5 implementation, including free DC:0-5 training and manuals through the Infant-Early Childhood Mental Health Workforce Collaborative (IECMH-WC), while incorporating provider feedback to enhance the work.
5. Continue to provide ongoing communication with providers across multiple platforms and channels, while exploring ways to reach all providers and streamline information, with special attention to communication and supports for Indian Health Care Providers.
6. Begin to build a family-focused communication, engagement, and partnership strategy.
7. Continue providing resources about IECMH, including data and reports, so that providers, families, and communities have access to information and opportunities to share their perspectives.
8. Share information collected through this report with other HCA staff and continue to intentionally explore opportunities to align Apple Health billing policies with developmentally appropriate care.
9. Share feedback from this survey with managed care organizations (MCOs) and continue to intentionally partner with MCOs around communication and outreach to providers to support use of the MHAYC policies (see Appendix D for MCO's initial responses to this report).
10. Share feedback from this survey with King County Integrated Care Network leadership (see Appendix C for an initial response from King County Integrated Care Network leadership).

# Appendix A – Additional challenges with multi-session assessments

In providing feedback on implementation of multi-session assessments, some challenges were considered "minor themes" as they were not noted by more than one provider. In addition, these challenges each involve broader Apple Health billing policies and guidance. As noted in the Conclusion & Next Steps section, HCA IECMH team is committed to sharing the information in this report, including these challenges, with other teams and staff at HCA, and to exploring potential opportunities to better align Apple Health billing policies and guidance with developmentally appropriate care.

- A provider noted that current HCA telemedicine guidance does not allow providers to conduct mental health assessments using audio-only telehealth (i.e., over the phone). The provider shared that for multi-session assessments, some sessions [after the initial session] can be appropriate to conduct using audio-only (i.e., over the phone), and that requiring video/in-person appointments can create unnecessary barriers for working parents.
- A provider noted that, often, critical information for completing the assessment comes from extended family members, child care providers, primary care providers, or other specialty providers, such as occupational or speech therapists. The provider raised concerns about lack of clarity for how to bill for time spent collecting this information.
- A provider noted that, while up to five sessions are allowed without prior authorization, providing six or more sessions requires prior authorization. Families who need interpretation services may be more likely to need more than five sessions, and therefore, that prior authorization process. The provider shared that the prior authorization process for this was not familiar to them.

# Appendix B – Additional data tables

Table 1. Responding providers awareness, use, and experience with various HCA and managed care organization (MCO) communication channels and platforms.

| HCA communication channel | % Aware | % Used | % Found it helpful |
|---|---|---|---|
| **MHAYC Webpage** | 85% | 50% | 90% |
| **Individual meetings with HCA staff about MHAYC** | 75% | 40% | 100% |
| **MHAYC/IECMH Office Hours** | 70% | 10% | 100% |
| **MHAYC Billing Webinars** | 65% | 60% | 92% |
| **HCA GovDelivery emails about MHAYC** | 55% | 40% | 88% |

| MCO communication channels | % Aware | % Used | % Found it helpful |
|---|---|---|---|
| **MCO communication about MHAYC** | 40% | 50% | 100% |

# Appendix C – King County Integrated Care Network response

In April 2023, HCA staff met with leadership from King County Integrated Care Network (KCICN) to discuss the findings from this survey and steps for moving forward. KCICN provided the following response to include in this report:

“King County Integrated Care Network (KCICN) acknowledges the complexity of billing within KCICN’s system, which allows varied electronic health records (EHR) to upload data on a single platform. Agencies do sometimes experience challenges in configuring their electronic health records to take on new billing opportunities when they don’t align well with a specific EHR/agency template. KCICN is aware of the challenges some providers have experienced in billing for MHAYC multi-session assessments, and they are actively working with agencies to identify solutions. KCICN is dedicated to partnering with providers who are working to implement MHAYC policies, as well as with any providers who are interested in adopting MHAYC policies. If interested, agencies should connect with their Provider Relations contact.”

# Appendix D – Managed care organization responses

In March 2023, HCA staff shared about the MHAYC Implementation Survey Report at Provider Outreach and Communications meetings with each MCO. A draft version of the report was also shared with each of the MCOs, with an opportunity to provide feedback or comments. Three of the MCOs[3] provided feedback, which is included below.

## Community Health Plan of Washington

"Thank you for the opportunity to review the draft MHAYC Implementation Report. This survey and report provide valuable information to showcase the challenge of change (even when the change is welcome). It is positive to hear providers feel less rushed and can provide a more comprehensive assessment when implementing the DC-05. We were not surprised to hear that providers needed more time to implement the travel component as mileage is one factor in the complex decision to provide outreach services. Thank you for including the data around communication strategies. It is helpful to see where providers are seeking information and a reminder to ensure that there is alignment across platforms and entities."

## Molina Health of Washington

"Thank you for the opportunity to review and provide feedback. Molina's comments are included below:

It would be interesting to see pre and post diagnosis trends with the added allowable assessment to see if it does lead to clarity in diagnosis or changes in the diagnostic trends.

We appreciate the focused efforts on home- and community-based services for this population. It is an incredible struggle for families (sometimes with multiple children) to get to clinic-based services and in-home services can show the clinician other potential supports needed for the family's success.

We look forward to the opportunity to work on alignment and further communication on this effort with HCA and other MCOs."

## Coordinated Care of Washington

"The MHAYC benefit appears to have helped providers expand assessment and provide a standardized tool that all providers are able to use (i.e., DC:0-5). Reimbursement for multiple sessions is key, due to the short time infants, children, and youth can engage and the need for alternate sources of information (i.e., caregiver input). This allows providers to create a true assessment and plan for the youth and engage in prevention services. In addition, travel for assessment per the report was a helpful benefit given the multiple landscapes of WA and travel time needed to some areas. There seem to still be some operational issues with billing as called out by provider comments, and these appeared to be specific to BHAs in King County."

[3] United Health Care noted that they had no additional feedback, and Amerigroup did not provide a response.