

Mental Health Screening Required in Massachusetts

BY JANE ANDERSON
Contributing Writer

MassHealth, Massachusetts' Medicaid program, has begun requiring primary care doctors and nurses to use a standardized behavioral health screening tool at every well-child visit for children under the age of 21.

The new requirement—which took effect Dec. 31—resulted from a 2007 U.S. District Court decision in *Rosie D. v.*

Romney. In its decision, the court ruled that Medicaid-eligible children with “serious emotional disturbances” were not receiving appropriate mental health screenings, service coordination, and home-based treatment services, and ordered MassHealth to implement a plan to improve care.

As a result, MassHealth is putting in place several initiatives designed to improve mental health services for Medicaid beneficiaries under age 21 years, said

MassHealth spokeswoman Jennifer Kritz in an interview.

For the new standardized behavioral health screens by primary care physicians and nurses, Medicaid will ask clinicians to choose from among eight standardized tools for the screening, depending on the age of the patient, and will pay for the screening in addition to the standard office visit reimbursement.

The goal is to help detect issues with behavioral health, social-emotional well-be-

ing, or mental health in the state's 460,000 children and young adults covered by Medicaid, Ms. Kritz said. If a potential problem is detected, the primary care provider will refer the patient to a mental health practitioner, according to the state. A parent or guardian can decline screening for a child if they wish.

Other measures prompted by the *Rosie D.* case will take effect over the next 2 years, Ms. Kritz said.

Starting in late 2008, children who see a behavioral health provider will be assessed by that provider using the Child and Adolescent Needs and Strengths (CANS) tool.

Massachusetts faces challenges in providing mental health services to those additional children and young adults who are expected to be identified as part of the stepped-up screening, according to the Massachusetts Medicaid Policy Institute.

“Massachusetts faces a shortage of qualified ‘child-trained’ providers ... as well as an inadequate number of bilingual and multicultural providers,” the institute said in an issue brief last year. “Existing providers also are not spread out evenly across the state, making access a problem in many areas. One of the state's biggest challenges will be to engage more qualified providers and train them in the new delivery structure, which is vastly different from the existing model of care that most clinicians are used to.”

INDEX OF ADVERTISERS

Alcon, Inc.	
Vigamox	47-48
Bayer HealthCare LLC	
Flintstones	39
Beiersdorf Inc.	
Eucerin	37
Braintree Laboratories, Inc.	
AXID	29-30
C.B. Fleet Company, Inc.	
Pedia-Lax	40-41
Dermik Laboratories, Inc.	
BenzaClin	17-18
Galderma Laboratories, L.P.	
Cetaphil	9, 11
Differin	35-36
Graceway Pharmaceuticals, LLC	
MaxAir Autohaler	21-22
Eli Lilly and Company	
Strattera	5-7
McNeil-PPC, Inc.	
Zyrtec	33
Mead Johnson & Company	
Nutramigen	31
Merck & Co., Inc.	
RotaTeq	26-28
Merz Pharmaceuticals	
Mederma	10
Novartis Pharmaceuticals Corporation	
Zaditor	3
Schering-Plough HealthCare Products, Inc.	
Children's Claritin	19
Claritin	43
Shire US Inc.	
Vyvanse	15-16, 24a-24d
Summers Laboratories	
Triple Paste	23
Triple Cream	34
Unilever	
all Free Clear	13



More Choices for Constipated Kids™



Tell moms to look for me on the box!

NEW

Pedia-Lax™

www.pedia-lax.com