



Additional MassHealth-Approved Children's Behavioral Health Initiative (CBHI) Screening Tools

MassHealth has **added three tools** to the list of approved, standardized behavioral health screening tools for children under the age of 21 and has approved the use of the PHQ-9 tool for Members aged 13 and older. The menu of behavioral health screening tools that primary care providers may use when conducting a behavioral health screen at a periodic or interperiodic Early Periodic Screening, Diagnosis and Treatment (EPSDT) services or Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) services visit is published in Appendix W for all MassHealth provider manuals. You may access the additional behavioral health screening tools through the links below.

- [Early Childhood Screening Assessment \(ECSA\)](#)
- [Modified Checklist for Autism in Toddlers, Revised with Follow-up \(M-CHAT-R/F\)](#)
- [Survey of Well-being of Young Children \(SWYC\)](#)

In performing the required behavioral health screening during EPSDT and PPHSD visits, providers **must use a clinically appropriate tool from the following list**. The complete menu of behavioral health screening tools that providers may use during EPSDT and PPHSD visits are listed below and published in Appendix W. These tools accommodate a range of ages while permitting flexibility for provider preference and clinical judgment.

- Ages and Stages Questionnaires (ASQ: SE)
- Brief Infant-Toddler Social and Emotional Assessment (BITSEA)
- Car, Relax, Alone, Forget, Friends, Trouble, (CRAFFT)
- Early Childhood Screening Assessment (ECSA)
- Modified Checklist for Autism in Toddlers (M-CHAT)
- Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-CHAT-R/F)
- Parents' Evaluation of Developmental Status (PEDS)
- Patient Health Questionnaire-9 (PHQ-9)
- Pediatric Symptom Checklist (PSC) and Pediatric Symptom Checklist-Youth Report (PSC-Y)
- Strengths and Difficulties Questionnaire (SDQ)
- Survey of Wellbeing of Young Children (SWYC)

For more information about the standardized behavioral health screening tools, visit www.mass.gov/masshealth/cbhi. Click on "Screening for Behavioral Health Conditions."

The Massachusetts Child Psychiatry Access Project (MCPAP) is **available for consultation or assistance** implementing these screening tools, interpreting screening results and supporting primary care providers with diagnostic and/or medication questions. Contacting MCPAP at www.mcpap.org or 617-350-1916.

Important Numbers

Eligibility Verification System (EVS)
1-800-554-0042

Emergency Services Program (ESP)
1-877-382-1609

MassHealth Customer Service Center
1-800-841-2900

Member Services

PCC Billing

PCC Provider Enrollment

MBHP
1-800-495-0086

Behavioral Health Provider Enrollment and Credentialing

Behavioral Health Provider Billing

Integrated Care Management Program (ICMP)

Member Engagement Center

PCC Plan Hotline

Nurse Advice Line
1-855-694-4382

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Letter from the Directors

Dear Primary Care Clinicians and Behavioral Health Providers,

This issue marks the first time that *Provider Connection* will be **available and distributed only in electronic format**.

Some highlights in this issue include:

- [Voices from the Field](#) focuses on integration efforts at Lynn Community Health Center.
- Additional [Children's Behavioral Health Initiative screening tools](#) available
- Two *Practice Pointers*; one introducing the new "[MCPAP for Moms](#)" program, and the other highlighting the [recommendations for the flu vaccine](#)
- How to treat [seasonal affective disorder \(SAD\)](#)
- Services for your Members, including [text4baby](#) and a new [health and wellness library](#)

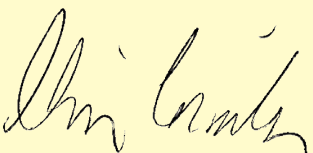
To ensure that you continue to receive the news, resources, and information included in *Provider Connection* directly to your inbox, please e-mail MBHPCommunications@valueoptions.com with the e-mail addresses of those from your practice you wish to receive the newsletter.

We hope this newsletter provides you with quicker, easier access to important resources. We welcome your feedback and suggestions - contact us anytime at MBHPCommunications@valueoptions.com.

Sincerely,



João Evora, Deputy Director
PCC Plan



Chris Counihan, Director
Office of Behavioral Health

MassHealth Partners with Text4baby to Give Moms and Babies a Healthy Start

Talk to patients about signing up

Text4baby is a **free** mobile health service designed to promote maternal and child health. MassHealth has partnered with text4baby to develop tailored messages with local content and resources. Text4baby provides information on critical health topics including **immunizations, nutrition, mental health, oral health, safe sleep, and more**. Messages also include interactive appointment and immunization reminders, educational videos, health alerts, and links to national and local resources.



Women who text BABY (or BEBE for Spanish) to 511411 will receive **three weekly messages** timed to their due date or their baby's birth date up to age one. For most cell phone companies, messages are free, even without a texting plan.

Text4baby is an important tool to **engage the new mother and reinforce clinical guidance**, and health care providers are critical partners in getting their patients enrolled. Text4baby promotional materials can be ordered or downloaded for free at www.text4baby.org.

MassHealth's collaboration with text4baby is being fully funded by a portion of a \$1.8 million Adult Medicaid Quality Grant from the Centers for Medicare & Medicaid Services (CMS).



Voices from the Field

Voices from the Field is designed as an information exchange for primary care clinicians and behavioral health providers. In each column, we'll feature information shared by a provider about special aspects of his or her clinical practice, innovative clinical service models or research projects, and/or examples of community partnerships that have been sustained and continue to advance - especially those emphasizing integration of primary care and behavioral health. If you'd like to be featured in Voices from the Field, contact MBHPCcommunications@valueoptions.com.

Integration Efforts at Lynn Community Health Center

By Debra Newborg, PsyD
Lead Behavioral Health Clinician, Purple Team
Lynn Community Health Center

The word "integration" has excited me for some time. I am a licensed psychologist, trained with a concentration in health psychology. I've always been interested in the **connection between the mind and body** and how our minds literally can make us physically sick or well.

Recent research has made it clear that mental illness and psychological functioning contribute to the prevalence of chronic disease and disease management, as well as health care costs and usage. My training and interests are based on how behavioral measures and psychological interventions can help **prevent, manage, cope with, and treat chronic illness**. When the opportunity became available at Lynn Community Health Center to integrate behavioral health in primary care, I jumped at the chance.

Initially, I was on a different floor than the medical providers I was supposed to work with. One provider who believed strongly in the integration process began to work with me. After a year of trying to make the location challenges and our efforts work, I and others were chosen as part of a building expansion project to be on the first **co-located team**

at the health center. It was so refreshing that our administration was on board with this idea of integration.

My team has been co-located for about three years. We have implemented a structure to help with the process, which includes:

- behavioral health team leaders on the integrated teams;
- regular behavioral health meetings between behavioral health providers who are co-located;
- primary care staff team meetings twice a week; and
- behavioral health providers involved in some of the larger operation meetings of the health center.



One project we are currently involved in includes a standardized treatment for our patients with diabetes. We explain to the patient that a team approach is the best treatment for people newly diagnosed with diabetes. The patient meets with the behavioral health provider on his/her treatment team to help adjust to and manage his/her diabetes and care. Patients then meet with the same nurse, behavioral health provider, and primary care provider throughout their care.

We also have **integrated groups** conducted by our primary care teams including a health and wellness group, a weight management group, a pediatric group helping children and families struggling with obesity, and a group on chronic pain management.

Integration is becoming more mainstream, but are we really all on the same page yet? I'm not sure, but I'd like to think so. I formed **my own definition of integration** from a variety of sources and readings over the years:

(continued on page 3)

Notwithstanding any of the information appearing in this *Provider Connection* newsletter, the rules governing the state's PCC Plan, behavioral health, and pharmacy programs are governed by state and federal law and regulation and by the state's PCC, behavioral health, and pharmacy contracts. In the event of any conflict between any provision set forth in this *Provider Connection* newsletter and any other provision of law, regulation, or contract, the legal and/or contractual provision shall take precedence over the provision in this *Provider Connection* newsletter.

“Integrated care/treatment is a way of thinking about individuals and their care that involves a **holistic, mind-body, and biopsychosocial** approach affecting what we think is important to patients’ lives and their care, what patients feel is important to them, the factors that are affecting their health in general, and the treatment and interventions medical professionals provide.

This type of treatment impacts physical symptoms, increases healthier choices, increases understanding and motivation for improved health, and improves overall quality of life...This model stops treating people by separate systems and treats people as whole beings, with one system impacting another.”

In order to have “good health,” individuals need to be in balance both physically and mentally. We also know that a large cohort of our primary care population suffers from some form of mental illness. People often present with psychological complaints to their primary care provider because that is the doctor they know. When people do not have a diagnosable mental health disorder, or when they present to primary care and their physical health is poor, **behavioral health providers can be part of the treatment team** that has significant impact on the patient’s overall health. This can be accomplished with ongoing **open communication** within our teams and a process that can continue to be an exciting and innovative one.

If you have questions or would like to learn more about the integration of physical and behavioral health, please contact Debra Newborg at dnewborg@lchcnet.org.

We’d be happy to hear your ideas and suggestions for future newsletters. Please e-mail us at

MBHPCommunications@valueoptions.com.

Health and Wellness Library

MBHP is pleased to announce the launch of our online **Health and Wellness Library, Achieve Solutions**, a resource for both providers and Members. For providers, the Health and Wellness library offers **"one-pager" health tip sheets** on a variety of health conditions that can be printed and given to Members; **links to local resources**; and content that can help patients handle **difficult-to-address concerns** such as bullying. Providers can direct Members to the Health and Wellness Library to promote **self-management of health conditions** and adherence to treatment plans. Each month, a different health topic, such as sleep, emotional and physical abuse, and living with disabilities, is highlighted. The site includes **interactive** quizzes, trainings, articles, videos, web links, and other tools. Examples of library topics include, among others:

- Healthy weight (BMI) maintenance
- Smoking and tobacco use cessation
- Encouraging physical activity
- Healthy eating
- Managing stress
- Avoiding at-risk drinking
- Identifying psychiatric symptoms through self-assessment
- Recovery and resiliency
- Treatment monitoring

Clinical content is evidence-based, written by subject matter experts, and reviewed on an annual basis. The Health and Wellness Library encourages Members to become **active participants in their health care** and to make healthy choices by providing resources and tools to do so. [Visit our Health and Wellness Library today!](#)



Seasonal Affective Disorder (SAD)

Seasonal affective disorder (SAD) is a type of depression that occurs at the same time every year, usually in late fall or early winter, and may be referred to as “**winter depression.**” Some people have symptoms in late spring or early summer, which may be known as “summer depression.”

Look for the following symptoms in your patients to consider a diagnosis of SAD:

- Depression
- Hopelessness
- Anxiety
- Loss of energy
- Heavy, "leaden" feeling in the arms or legs
- Social withdrawal
- Oversleeping
- Loss of interest in activities once enjoyed
- Appetite changes, especially a craving for foods high in carbohydrates
- Weight gain
- Difficulty concentrating

The following criteria, spelled out in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, must be met for a diagnosis of seasonal affective disorder:

- The person has experienced depression and other symptoms for at least two consecutive years, during the same season every year.
- The periods of depression have been followed by periods without depression.
- There are no other explanations for the changes in mood or behavior.

Take signs and symptoms of seasonal affective disorder seriously. As with other types of depression, if not treated seasonal affective disorder can get worse and lead to problems such as:

- Suicidal thoughts or behavior
- Social withdrawal
- School or work problems
- Substance abuse

(continued)



Psychiatric diagnoses and treatment can be associated with social or cultural stigma. It can be **emotionally overwhelming** for patients. Some patients may be concerned about privacy. Be sensitive to these issues when discussing or making the diagnosis of SAD with your patient. Be sure to give the patient a chance to ask questions. If you have any immediate concerns about your patient's safety, please consult the [Emergency Services Program \(ESP\) Directory](#) for appropriate stabilization and placement.

Treatment can help prevent complications, especially if seasonal affective disorder is diagnosed and treated before symptoms get bad. For all your primary care patients – even those without SAD or depression -- counseling on a **healthy lifestyle** (good diet, regular exercise, good sleep, hygiene, social connectedness) and on stress management is recommended as part of good preventative health care.

Resources

National Institute of Mental Health
<http://www.nimh.nih.gov>
American Psychological Association
www.apa.org
American Psychiatric Association
www.psych.org
Mental Health America
www.MentalHealthAmerica.net
National Alliance for Research on Schizophrenia and Depression (NARSAD)
www.narsad.org
National Alliance on Mental Illness
www.nami.org

Sources

Achieve Solutions, Chris E. Stout, PsyD, MBA
www.mayoclinic.org

Practice Pointers

Flu Vaccine Recommendations 2014-2015

It's time to start vaccinating your PCC Plan Members against the flu.

While influenza vaccination rates in Massachusetts are mostly higher than the national average, there is still **room for improvement**. Please keep in mind that everyone 6 months and older should receive a flu vaccine as soon as they are able, especially those in the **high-risk groups**, including:

- pregnant women
- those with medical problems that increase their risk for complications from flu, including children and adults with neurological and neuromuscular conditions
- those 65 years of age and older
- those living in long-term care facilities

In addition, health care workers, household contacts, and others caring for those in the high-risk groups are a priority for flu vaccination.

Vaccination optimally should occur **before onset of influenza activity** in the community and as soon as the vaccine becomes available (by October, if possible). Vaccination should be offered as long as influenza viruses are circulating. To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits.

Influenza vaccine is available **free of charge** from the Massachusetts Department of Public Health to PCC Plan Members under age 19. For Members over age 19 you may purchase flu vaccine directly from the manufacturer and submit the claim to MassHealth for reimbursement. Refer to the appropriate billing instructions for your provider type.

Flu resources for providers and the general public can be found at: www.cdc.gov/flu and www.mass.gov/dph/flu.

MCPAP for Moms: Promoting Maternal Mental Health During and After Pregnancy

Built on the successful [Massachusetts Child Psychiatry Access Project \(MCPAP\)](#) model, MCPAP for Moms provides **real-time psychiatric consultation and care coordination** for obstetric, primary care, and psychiatric providers serving pregnant and postpartum women with children up to one year after delivery. Pediatricians should refer moms with mental health concerns to their obstetric or primary care providers who can access MCPAP for Moms, or call their regional MCPAP Hub for assistance.

MCPAP for Moms helps providers effectively **prevent, identify, and manage depression** and other mental health concerns through:

- **Trainings and toolkits** based on evidence-based guidelines for depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment
- **Consultation with a perinatal psychiatrist** within 30 minutes (or less) of request, which may result in: an answer to the provider's question; recommendation for a face-to-face evaluation with the patient for further assessment; or referral to a care coordinator for assistance connecting with resources in the patient's community
- **Linkages with community-based resources** including support groups, mental health care, or other resources that support the wellness of pregnant and postpartum women

Massachusetts Child Psychiatry Access Project

MCPAP
For Moms

One out of every eight women

experiences depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.

To access MCPAP for Moms call the statewide hotline at **855-Mom-MCPAP (855-666-6272)**, Monday through Friday from 9:00 a.m. – 5:00 p.m.