



ZERO TO THREE
Early connections last a lifetime

Oregon

Infant and Early Childhood Mental Health is Recognized as a Reimbursable Treatment

This policy vignette examines the priority Oregon places on evidence-based treatments including infant and early childhood mental health (IECMH) as part of the state's Medicaid program. The focus on prioritizing health issues dates back to a 1994 Medicaid waiver and undergoes regular refinement, revision, and expansion. The vignette also shares **key lessons learned**.

the Innovation

Oregon prioritizes health spending in Medicaid to promote evidence-based medical practices, and as part of this now includes IECMH as a reimbursable treatment.

the Impetus

In 1994, Oregon received a Medicaid waiver to develop the Oregon Health Plan to prioritize health spending and promote evidence-based practices. This reflected interest among state legislators to control costs in order to expand insurance coverage to all state residents below the federal poverty line. The Health Evidence Review Commission, a body of 13 members appointed by the Governor and approved by the legislature representing all areas of the health system (e.g., physicians, psychiatrists, dentists, social workers, nurses, pharmacists, and others), develops a prioritized list that pairs health conditions with related treatments. This process occurs annually and is informed by research as well as public input. The state legislature then decides each session how much money will be allocated to the Oregon Health Plan and a line is literally drawn on the prioritized list to indicate what services will be covered (i.e., those above the line).

The state's efforts to truly expand IECMH services began in 2004. At that time, the decision was made by the Health Evidence Review Commission (formerly the Health Services Commission and Health Resources Commission) and the legislature to re-order the list based on long-term outcomes through a focus on preventative services and chronic disease management. A workgroup on children with behavioral health and mental health challenges was convened to help decide where various developmentally appropriate

diagnoses should fall on the prioritized list. The revision was finalized and made available in 2006 and provided weight to those treatments that have a track record for supporting long-term outcomes. "So, for example, services related to pregnancy topped the list, and major depression was at number seven, and conditions with no known treatment were low on the list," said Laurie Theodorou, Early Childhood Mental Health Policy Specialist, Oregon Health Authority.

A state Medicaid audit in 2010 found that children birth to age 2, girls under age 8, and children of Hispanic ethnicity were not being served comparable to national statistics for this age group, nor to other populations within the state. This helped to support the need for more workforce development, to make sure that IECMH services could be reimbursed, and to press for more funding for evidence-based treatments like Parent-Child Interaction Therapy (PCIT).

the Process

With a focus on prioritizing evidence-based treatments, the state has taken steps over the years to increase support for IECMH services.

- Annual Review of the Prioritized List.** The Health Evidence Review Commission completes a regular review cycle of each cluster of conditions and related treatments. Based on the information available, treatments may move up or down on the list to reflect the latest research and understanding of effectiveness. The 2016 revision added Behavioral Health procedure codes to the line for abuse and neglect as a primary diagnosis, added a code for conduct disorder (specified or unspecified) for children 5 and younger who cannot be diagnosed with a more specific mental health

diagnosis, and added a new diagnostic code for other specified problems related to the primary support group (e.g., family discord, family estrangement, high expressed emotional level within family, inadequate family supports and/or resources, inadequate or distorted communication within family), among other changes. The current prioritized list can be found here: <https://www.oregon.gov/oha/HPA/DSI-HERC/PrioritizedList/1-1-2019%20Prioritized%20List%20of%20Health%20Services.pdf>.

- Diagnostic Crosswalk Aligns Medicaid Reimbursement Policies.** When Theodorou began working for the Oregon Health Authority in 2014, she was surprised to discover that early childhood behavioral health providers were not fully aware of the reimbursement codes for the services they provided. Since then, she has worked with a core stakeholder

group to create the Oregon Early Childhood Diagnostic Crosswalk,¹ which bridges the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5), the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM5), the International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD 10), and the related line on the prioritized list. The crosswalk helps behavioral health providers better understand what services are reimbursable. The state took several steps to disseminate the crosswalk, including posting it on the Oregon Health Authority website and providing presentations across the state to train providers, mid-level managers, billing staff, directors, chief executive officers, and coordinated care organizations on its use.

Part of the training is also helping them understand that their electronic records system does not come pre-loaded with the IECMH diagnoses. Just because they do not see a diagnosis in a pull-down menu does not mean it is not reimbursable.”

— Laurie Theodorou



¹ The Oregon Early Childhood Diagnostic Crosswalk can be found at: <https://www.oregon.gov/oha/hsd/amh/pages/child-mh-provider.aspx>

- Expansion of Evidence-Based Treatment.** In 2013, the legislature invested \$2.4 million each biennium to grow PCIT. The effort expanded from one site offering PCIT in 2004 to 16 counties with nearly 40 locations by 2014. Every year the state reports on pre-post outcomes of children who receive PCIT treatment. The data is shared with the Children’s System of Care Advisory Council and the state legislature.
- Additional Supports.** The early childhood investment funds support workforce development via scholarships to the Infant Toddler Mental Health Graduate Certificate Program at Portland State University. The Integrated Health Services, Public Health, and Maternal Infant Early Childhood Home Visiting Divisions of the Oregon Health Authority coordinate with the Early Learning Division and community stakeholders to develop a system of care for all young children. The vision includes an array of providers skilled in core competencies such as the Oregon Infant Mental Health Endorsement, certification in high fidelity early childhood mental health therapies, and registration on Spark, Oregon’s child care Quality Rating and Improvement System.

Financing

The state continues to apply for and receive a Medicaid waiver that allows them to ensure that Oregon is able to maintain the success achieved under Health System Transformation. With this, Oregon is able to ensure all Oregonians have access to high quality, affordable health care through increased investments in health-related innovative and flexible services. Additional investments have been made by the state to support workforce development. Further, funds from the legislature are also supporting loan repayment

programs through the Office of Rural Health for providers in the mental health field who are willing to work in underserved areas of the state.

next Steps

Even after several years of work to include IECMH as a reimbursable treatment and to educate providers on this, many still do not know that they can get reimbursement for providing mental health treatment to children age 3 and under. “Lots of people still believe that anything provided to children under age 5 is prevention, not treatment, and particularly for children under age 3,” said Theodorou. Continued work to educate current providers and grow the IECMH workforce is needed.

important Lessons

- Be clear about the difference between social-emotional wellness and mental health treatment. It is important to know what point on the continuum of care is being addressed and match the providers with appropriate training.
- Train providers, supervisors, and leadership in mental health organizations to understand what is reimbursable by Medicaid.
- Hire an advocate at the state level who understands IECMH research and effective models and who “doesn’t give up, ever.”

for more Information

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