Mental Health Screening in EPSDT: Retrospective Analysis of 2021 Medical Records Linked to Administrative Claims

January 11, 2023

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

Office of Maternal, Child and Family Health
350 Capitol Street, Room 427
Charleston, WV 25301

Authored by:

Saylem DePasquale, MS
Epidemiologist, Office of Maternal, Child and Family Health (OMCFH)/Division of Epidemiology, Evaluation and Population-based Surveillance

James “Jim” Jeffries, MS
Director, OMCFH

Teresa Marks, MS
Director, OMCFH/Division of Children’s Specialty Care

Sharon Hill, MPH
Director, OMCFH/Division of Epidemiology, Evaluation and Population-based Surveillance

Donna Pauley-Wilson, RN, BSN
Director of Clinical and Nursing Services, OMCFH/Division of Children’s Specialty Care/Children with Special Health Care Needs Program (CSHCN)

Vanessa Wolfe, RN, BSN
Director, OMCFH/Division of Infant, Child, Adolescent and Young Adult Health/West Virginia HealthCheck

David Didden, MD
OMCFH Physician Director

Stephen Maley, MPH, PhD
Epidemiologist, OMCFH/Division of Epidemiology, Evaluation and Population-based Surveillance

Contributors:

Ashley George – OMCFH
Stacey Jeffries – OMCFH
Melinda Jones, RN – OMCFH
Mary Massie – OMCFH
Candace Morgan – OMCFH
Felicia Perdew, RN – OMCFH
Rebecca Phlegar, RN – OMCFH

Acknowledgement:

This analysis is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number B04MC45252, Maternal and Child Health Services. The information, content and/or conclusions are those of the author(s) and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Executive Summary

Like other states, the COVID-19 pandemic had an adverse impact on primary, preventive, and mental health services for West Virginia children and youth in 2021. Overall, 29.9% (95% CI, 21.6%-38.2%) of West Virginia households with children reported that ≥1 child or adolescent had missed, skipped, or delayed preventive checkups in the last 12 months because of COVID-19.[1]

West Virginia had more than 233,942 Medicaid members aged 0-20, including 118,152 who received Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) "well-child" exams in 2021. The mental health of these children and youth is a priority of the West Virginia Department of Health and Human Resources (DHHR). To continue serving this population, an analysis was conducted to determine how often mental health screening was performed during EPSDT visits. The analysis involved standardized medical record reviews of age and a geographically representative sample of 813 EPSDT exam records.

A mental health screening was determined to have been completed if responses were recorded from standard trauma screening, i.e., the abbreviated (two-question) Post-Traumatic Stress Disorder Checklist – Civilian Version (PCL-C); if developmental surveillance[2] included two or more social determinants of health; or if responses were recorded from a depression screening, i.e., the Patient Health Questionnaire-2 (PHQ-2). In this sample, 83.3% of EPSDT exam records included mental health screening compared to 79.5% in 2020. The prevalence of mental health screening varied by HealthCheck region and according to documentation format. A higher prevalence of mental health screening among providers using age-appropriate HealthCheck Preventive Health Screen (PHS) forms suggests that increasing utilization of these forms could enhance statewide mental health screening in this critical population.

Background

The Office of Maternal, Child and Family Health (OMCFH), within the West Virginia Department of Health and Human Resources' Bureau for Public Health, is West Virginia's Title V Maternal and Child Health Agency and is responsible for the utilization of funds provided by the Maternal and Child Health Block grant of Title V of the Social Security Act of 1935, 42 U.S.C. §701 *et seq*. Consistent with federal policy that requires state Medicaid agencies to coordinate with Title V grantees; OMCFH provides administrative oversight for the State's EPSDT Program, i.e., HealthCheck. To ensure EPSDT services are provided in accordance with reasonable standards of medical and dental practice, the HealthCheck Program makes use of the American Academy of

[1] Lebrun-Harris, L. A., Sappenfield, O. R., & Warren, M. D. (2021). Missed and Delayed Preventive Health Care Visits Among US Children Due to the COVID-19 Pandemic. *Public Health Reports*, 00333549211061322.

[2] Developmental surveillance is a continuous and cumulative process through which potential risk factors for developmental disorders can be identified. The components of developmental surveillance include eliciting and attending to parental concerns, documenting and maintaining a developmental history, making accurate observations of the child, identifying the presence of risk and protective factors, and maintaining an accurate record by documenting the process and findings. Developmental surveillance is required at every initial and periodic visit when a standard screening tool is not completed. The concerns of both parent/caregiver and primary care provider should be included in determining whether surveillance suggests the child may be at risk of developmental delay (West Virginia HealthCheck Provider Manual. Retrieved December 29, 2021, from https://dhhr.wv.gov/HealthCheck/providerinfo/Pages/ProviderManual.aspx).

Pediatrics' *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* to inform the development of policy, procedures, and age-appropriate HealthCheck preventive health screening (PHS) forms available (free of charge) to all health care providers who see children/youth 0-20 years of age.[3] The HealthCheck standard of care promotes psychosocial/behavioral screening at each EPSDT exam from birth through age 20. Said psychosocial/behavioral screening should address "social and emotional health, caretaker depression, and social determinants of health."[4] In West Virginia, EPSDT exams may be documented on the age-appropriate HealthCheck PHS form, in the provider's electronic medical record (EMR) or electronic health record (EHR), or within a paper-based record stored on paper-based mediums.

The HealthCheck Program regularly conducts quality improvement initiatives, small-scale cycles of interventions that are linked to assessment, with the goal of improving the process, outcome, and efficiency of the systems of pediatric health care in West Virginia. To link the quality improvement cycle of intervention to the assessment, medical record audits are completed to rate quality – how often and how well something is being done (or not done). This quality-improvement approach has proven to be the most efficient means of building surveillance and screening elements into the process of care in pediatric offices.[5] Medical record reviews are critical to the quality improvement cycle, as the results of the reviews are used to develop improvement strategies.[6]

In May 2019, the West Virginia Department of Health and Human Resources entered into a Memorandum of Understanding (MOU) with the U.S. Department of Justice to address West Virginia's child welfare system and to ensure children who require mental health services can receive them in their homes and communities by ensuring appropriate placement in residential mental health treatment facilities and expanding community-based mental health services. Pursuant to MOU requirements, an Implementation Plan was developed to describe actions to be taken to ensure MOU rubrics were utilized to reform West Virginia's children's mental health system. Correspondingly**,** the OMCFH was tasked with 1) identifying gaps in the EPSDT screening process, specifically psychosocial/behavioral screening (aka mental health screening) for children/youth who have Medicaid, and 2) modifying practice, as needed, to ensure adherence to MOU goals.

To accomplish this task, a hybrid quality measure (claims data and clinical data from individual medical records) was developed, and OMCFH evaluated the extent to which mental health

[3] The HealthCheck PHS forms operationalize the American Academy of Pediatrics *Bright Futures* guidance for comprehensive well-child exams. Providers must meet this standard but are not required to utilize the forms. See https://dhhr.wv.gov/HealthCheck/providerinfo/Pages/default.aspx.

[4] American Academy of Pediatrics. (2017). Bright Futures, Recommendations for Preventive Pediatric Health Care. Retrieved from https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

[5] Lipkin, P. H., & Macias, M. M. (2020). Promoting optimal development: identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, *145*(1).

[6] In relation to these quality improvement initiatives, HealthCheck is considered a health oversight agency as defined by 45 CFR § 164.501.

screening took place during EPSDT exams that were conducted during the calendar year 2019 for Medicaid members ages 6-18.[7]

In response to feedback from subject matter experts, the sample population for calendar year 2020's review was modified to include all Medicaid members aged 0-20 years. The authors debated how best to assess mental health in children 0-5 years old. Recognizing that primary care providers are among the first professionals with whom parents will discuss concerns regarding their child's behaviors, developmental surveillance with a specific inquiry regarding social determinants of health was included to assess mental health screening in the 0–5-year-old population.[8] The same methodology from calendar year 2020 was utilized for 2021.

Methodology

In December 2021, Medicaid members aged 0-20 years totaled 233,942. Among these, administrative claims data indicated 118,152 children and youth had received an EPSDT exam, i.e., a comprehensive preventive medical exam, in calendar year 2021. A random sample of patients with a corresponding claim for a comprehensive preventive medical service was selected for review. Comprehensive preventive medicine services (well-child care) were identified using the Current Procedural Terminology (CPT) and International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes found in Appendix A.

Medical records were requested from the health care providers of 1,058 of 118,152 Medicaid-eligible children and youth, ages 0-20, who received an EPSDT exam in calendar year 2021. A total of 835 records were obtained and 825 were reviewed. Incomplete records, either for the wrong date of service or another visit type, were excluded. Eight hundred and thirteen (813) records met the final inclusion criteria of being for a well-child exam.

To address varied forms of documentation, a standardized medical record review process, and data collection tool were developed to assess whether a child was screened for mental health conditions during his/her EPSDT exam. Five Registered Professional Nurses (RNs) received training on the quality hybrid measure and the use of the standardized data collection tool before completing a review of medical records from the sample population described above. For the purposes of this analysis, a "mental health screening" was defined to have occurred if a review of the medical record documented one of the following measures from the HealthCheck standard of care:

- Abbreviated (two-question) PTSD Checklist - Civilian version (PCL-C);[9]
- Developmental surveillance inclusive of no less than two of eight social determinants of health (SDOH) – a) economic stability, b) education and development, c) health and health

[7] Office of Maternal, Child and Family Health. (2020). Mental Health Screening in EPSDT: A Retrospective Analysis of Medical Records Linked to Administrative Claims. Retrieved from https://dhhr.wv.gov/HealthCheck/Documents/OMCFH%20DOJ%20Report%20w%20Executive%20Summary%20-%20FINAL_.pdf

[8] Charach, A., Mohammadzadeh, F., Belanger, S. A., Easson, A., Lipman, E. L., McLennan, J. D., ... & Szatmari, P. (2020). Identification of preschool children with mental health problems in primary care: Systematic review and meta-analysis. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *29*(2), 76.

[9] Lang, A. J., & Stein, M. B. (2005). An abbreviated PTSD checklist for use as a screening instrument in primary care. Behaviour research and therapy, 43(5), 585-594.

care, d) neighborhood and built environment, e) social and community context, f) family relationships, g) peer relationships, and h) stress;
- Patient Health Questionnaire-2 (PHQ-2), a two-item depression screening scale;[10] and/or
- Baby Pediatric Symptoms Checklist;[11] and/or
- Other validated social-emotional screening tools.

See Appendices B and C for the Medical Record Review Tool and Algorithm.

To surmise the incidence of referral because of mental health screening, claims for mental and behavioral health services that occurred within 90 days from the data of the EPSDT exam were identified. See Appendix D for CPT codes used to identify mental and behavioral health services.

Results

The sample was similar to the population in age, foster care status, and location of provider by HealthCheck region (Table 1). Both the sample and the population had a mean age of 7.4 years. 3.6% of the sample was in foster care at some point during calendar year 2021, compared to 3.0% of the population. The sample had a slightly larger share of records than the population in HealthCheck regions 4, 5, 6, and 7 and a lower share in other HealthCheck regions as well as out-of-state. Provider location was available for all in the sample (due to research into the claims after the sample was determined) but unavailable for 0.1% of the population.

Table 1. Characteristics of the sample and population, 2021

		Sample n = 813		**Population n = 118,152**	
Mean age		7.4 years		7.4 years	
		N	%	N	%
Foster care status	Yes	29	3.6%	3,522	3.0%
	No	784	96.4%	114,630	97.0%
HealthCheck region of provider	1	78	9.6%	14,074	11.9%
	2	89	10.9%	15,078	12.8%
	3	137	16.9%	19,977	16.9%
	4	69	8.5%	9,134	7.7%
	5	84	10.3%	8,648	7.3%
	6	49	6.0%	6,734	5.7%
	7	139	17.1%	17,328	14.7%
	8	43	5.3%	6,799	5.8%
	9	72	8.9%	10,749	9.1%
	Out of State	53	6.5%	9,555	8.1%
	Missing	0	0	76	0.1%

[10] Richardson, L. P., Rockhill, C., Russo, J. E., Grossman, D. C., Richards, J., McCarty, C., ... & Katon, W. (2010). Evaluation of the PHQ-2 as a brief screen for detecting major depression among adolescents. *Pediatrics*, *125*(5), e1097-e1103.

[11] https://pediatrics.tuftsmedicalcenter.org/The-Survey-of-Wellbeing-of-Young-Children/Parts-of-the-SWYC/PPSC.aspx

Of the 813 EPSDT exams reviewed, 83.3% met the standard for a mental health screening (Table 2). Based on a post-hoc power calculation, this estimate lies within 3% of the population prevalence with 95% confidence. Among those screened, the most common screening method was developmental surveillance/SDOH (61.6%), followed by depression screening (20.5%), trauma (12.6%), and other social-emotional tools (4.0%), and the Baby Pediatric Symptoms Checklist (1.3%). It is important to note that screening types were only assessed as age-appropriate. As such, not all methods were assessed for all children.

While only 9.7% of EPSDT exams used the PHS form, all but five records received on a PHS form (93.7%) described a mental health screening, compared to 82.2% of records reported from electronic medical records or paper charts (Table 2).

Of 153 children and youth who did not receive a documented mental health screening at their EPSDT exam, 11 (7.2%) were already receiving mental health services according to their EPSDT exam record.

Table 2. EPSDT exams included mental health screening, 2021

Screening Method	**PHS form**		**EMR/paper**		**Total**	
	n	**%**	**n**	**%**	**n**	**%**
Screened	74	93.7%	603	82.2%	677	83.3%
Screening Type						
Trauma	35	47.3%	50	8.3%	85	12.6%
Developmental Surveillance/SDOH	34	45.9%	383	63.5%	417	61.6%
Depression	5	6.8%	134	22.2%	139	20.5%
Other social-emotional screening tool	0	0%	27	4.5%	27	4.0%
Baby Pediatric Symptoms Checklist	0	0%	9	1.5%	9	1.3%
Not Screened	5	6.3%	131	17.8%	136	16.7%
Total	**79**	**9.7%**	**734**	**90.3%**	**813**	**100.0%**

Use of the HealthCheck PHS form varied by HealthCheck region, ranging from 0.0% in regions 4 and 6 to 51.2% in region 8 (Table 3), following a similar pattern to last year's review. See Appendix E for a map of the HealthCheck regions.

Table 3. EPSDT exam documentation type, by HealthCheck region, 2021

HealthCheck region	HealthCheck PHS form		EMR/paper		Total
	n	%	n	%	
1	17	21.8%	61	78.2%	78
2	1	1.1%	88	98.9%	89
3	5	3.6%	132	96.4%	137
4	0	0.0%	69	100.0%	69
5	10	11.9%	74	88.1%	84
6	0	0.0%	49	100.0%	49
7	9	6.5%	130	93.5%	139
8	22	51.2%	21	48.8%	43
9	13	18.1%	59	81.9%	72
Out of state	2	3.8%	51	96.2%	53
Total	79	9.7%	734	90.3%	813

Variation in mental health screening by HealthCheck region (Table 4) was noted. Screening rates were lowest in region 5 (73.8%) and highest in region 4 (92.8%). It is interesting to note, region 8 also had the highest rate of PHS form utilization and the second highest screening rate, whereas regions 4 and 6 demonstrated no utilization of the PHS form in the sample but had above average screening rates.

Table 4. Screening by HealthCheck region, 2021

HealthCheck Region	Screened		Not Screened		Total
	n	%	n	%	
1	67	85.9%	11	14.1%	78
2	66	74.2%	23	25.8%	89
3	120	87.6%	17	12.4%	137
4	64	92.8%	5	7.2%	69
5	62	73.8%	22	26.2%	84
6	43	87.8%	6	12.2%	49
7	125	89.9%	14	10.1%	139
8	39	90.7%	4	9.3%	43
9	61	84.7%	11	15.3%	72
Out of state	30	56.6%	23	43.4%	53
Total	**677**	83.3%	**136**	16.7%	**813**

Consistent with previous years' reviews, screening rates increase with age. This year, there was a slight decrease in the 19–20-year-old population; however, this should be evaluated with caution due to this population's small sample size. Seventy percent (70.2%) of 0-5-year-old children received a mental health screening compared to 91.4% of 9-18-year-olds and 85.7% of 19-20-year-olds (Table 5).

Table 5. Screening by age group, 2019-2021

Age Group	Screened		Not Screened		Total
	n	%	n	%	
2019					
6-8 years old	160	79.6%	41	20.4%	201
9-18 years old	427	83.4%	85	16.6%	512
Total	**587**	**82.3%**	**126**	**17.7%**	**713**
2020					
0-5 years old	264	70.2%	112	29.8%	376
6-8 years old	84	80.8%	20	19.2%	104
9-18 years old	271	90.3%	29	9.7%	300
19-20 years old	10	90.9%	1	9.1%	11
Total	**629**	**79.5%**	**162**	**20.5%**	**791**
2021					
0-5 years old	267	76.1%	84	23.9%	351
6-8 years old	96	81.4%	22	18.6%	118
9-18 years old	308	91.4%	29	8.6%	337
19-20 years old	6	85.7%	1	14.3%	7
Total	**677**	**83.3%**	**136**	**16.7%**	**813**

A mental or behavioral health claim within 90 days of the EPSDT exam was noted for 235 (34.7%) of the 677 children and youth who received mental health screening during their EPSDT exams (Table 6). The majority of these mental or behavioral health claims were for developmental screening. More than 55% of the mental or behavioral health claims within 90 days of the EPSDT exam were for children between ages 0-5 years (Table 7).

Table 6. Children who received mental/behavioral health services within 90 days of well-child exam, by age, 2021

Age group	Received mental/behavioral health services		Received mental health screening
	N	%	
0 years old	23	35.4%	65
1 year old	27	64.3%	42
2 years old	28	71.8%	39
3 years old	22	66.7%	33
4 years old	17	39.5%	43
5 years old	14	31.1%	45
6-8 years old	20	20.8%	96
9-18 years old	84	27.3%	308
19-20 years old	0	0.0%	6
Total	**235**	**34.7%**	**677**

Table 7. Mental behavioral health services received within 90 days of well-child exam, 2021

Service	Count
Developmental screen w/ scoring & documented standard instrument	182
Behavioral assessment w/ score & documented standard instrument	54
Office or other outpatient visit for the evaluation and management of a new patient, 45-59 minutes	2
Group psychotherapy	1
Psychotherapy w/ patient 60 minutes	1

*Children can be counted multiple times if they received multiple unique services after a well-child exam.

Discussion and Recommendation

This analysis indicates that 83.3% of Medicaid members, ages 0-20 years, received a mental health screening at an EPSDT exam completed in calendar year 2021. This year's review suggests the emergence of an increasing trend in rates of mental health screening: 82.3% in 2019, 79.5% in 2020, and 83.3% in 2021. In 2020, the review sample was expanded to include 0-5-year-old children. Considering the positive correlation of mental health screening with age, a decrease in screening rates in 2020 was expected. This also contributes to confidence that a positive trend in screening rate is emerging. Last year, mental health screening was more common among exams documented on the HealthCheck PHS form, raising the possibility that increased use of the HealthCheck PHS form could increase mental health screening overall. However, this year's review demonstrates a looser correlation with two HealthCheck regions demonstrating higher than average screening rates despite no utilization of the PHS form. The PHS form is meant to set the standard for what must be addressed at a well-child exam and is not required to be used. This suggests the providers in these regions have incorporated the PHS form standards into their EHR

or paper charting systems. Mental health screening rates were consistent across regions compared to last year.

The data presented here continue to provide opportunities for engagement with the medical community for quality improvement. Regional differences in HealthCheck PHS form use and other mental health screening tools could be addressed by regional HealthCheck Program Specialists to encourage providers to use the HealthCheck PHS form. In March 2021, the 2020 analysis and regional maps demonstrating screening rates were shared with providers in the state. Also, in November 2021, HealthCheck distributed Children's Crisis and Referral Line flyers as a resource to medical providers needing behavioral health referral assistance.

Limitations of this study include its narrow focus on screening (and not services) and potential inconsistency in the ascertainment of mental health screening. While the analysis noted that a mental or behavioral health claim was submitted within 90 days for 34.7% of those children, youth, and young adults who received mental health screening during their EPSDT exams, the medical record review did not conclusively link said mental or behavioral health claims to specific referrals. As a result, no definitive assertion could be made that the mental or behavioral health claims within 90 days of the EPSDT exam are a result of the EPSDT exam. Claims data were also limited in timeliness, as payment could be sought for several months after a service was provided. As such, it should be noted that EPSDT exams and mental and behavioral health services could be underreported due to potential billing errors and delays in the submission of services claims for payment. Much thought and discussion went into the ascertainment of mental health screening. The authors drew on their own subject matter expertise as well as other OMCFH staff to develop the medical record review tool in Appendix B and the algorithm in Appendix C. However, the tool may have performed differently on the variety of EPSDT formats (medical records from different EMRs, paper charts, and HealthCheck PHS forms).

Results of the analysis will be disseminated to key stakeholders, including the state’s medical (primary care) providers, to increase awareness and acceptance of mental health screening. Likewise, and to serve as a catalyst for ongoing conversations aimed at improving the uptake of mental health screening, infographics detailing comparative performance by specified HealthCheck region will be disseminated to enable providers to understand their region’s performance versus other regions.

Appendix A. ICD-10 and procedure codes to identify EPSDT exams

Code	Description
ICD-10	
Z0000	Encounter for general adult medical examination w/o abnormal findings
Z0001	Encounter for general adult medical examination with abnormal findings
Z00110	Health examination for newborn under 8 days old
Z00111	Health examination for newborn 8 to 28 days old
Z00121	Encounter for routine child health exam with abnormal findings
Z00129	Encounter for routine child health exam without abnormal findings
CPT	
99381	Initial preventive medicine new patient <1year
99382	Initial preventive medicine new patient age 1-4 yrs
99383	Initial preventive medicine new patient age 5-11 yrs
99384	Initial preventive medicine new patient age 12-17 yrs
99385	Initial preventive medicine new patient age 18-39 yrs
99391	Periodic preventive med established patient <1 yr
99392	Periodic preventive med established patient 1-4 yrs
99393	Periodic preventive med established patient 5-11 yrs
99394	Periodic preventive med established patient 12-17 yrs
99395	Periodic preventive med established patient 18-39 yrs
99461	Initial care per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center

Appendix B. Medical Record Review Tool

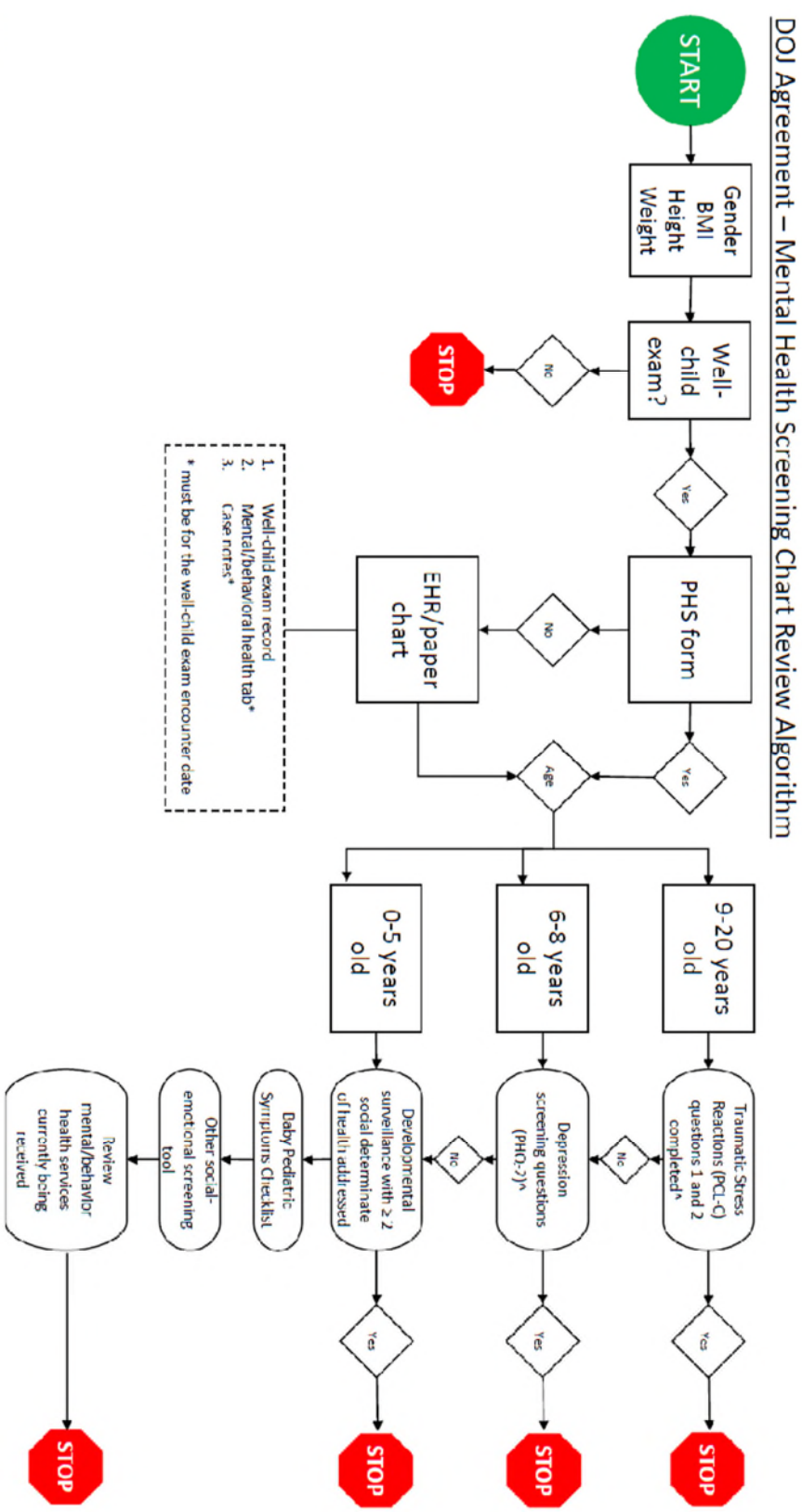
1. Person ID Unencrypted
2. Child's first name
3. Child's last name
4. Child's DOB
5. Child's gender
6. Child's height
7. Child's weight
8. Child's BMI
9. Date of well-child exam
10. Was the record provided for a well-child exam?
    a. Yes
    b. No
    c. Unsure
11. PHS form
    a. Yes
    b. No
12. EHR
    a. Yes
    b. No
13. Paper chart
    a. Yes
    b. No
14. Child's age (calculated)
15. Traumatic stress reaction (PCL-C) question 1: repeated, disturbing memories, thoughts, or images of a stressful experience from the past in the past 2 weeks?
    a. Yes
    b. No
    c. Unsure
16. Traumatic stress reaction (PCL-C) question 2: feeling very upset when something reminded you of a stressful experience from the past in the past 2 weeks?
    a. Yes
    b. No
    c. Unsure
17. Developmental Surveillance/SDOH
    a. Economic stability
        i. Poverty
        ii. Employment
        iii. Food insecurity
        iv. Housing instability
    b. Education
        i. High school graduation
        ii. Enrollment in higher education
        iii. Language and literacy
        iv. Early childhood education and development
    c. Health and health care

i. Access to health care
ii. Access to primary care
iii. Health literacy

d. Neighborhood and built environment
    i. Access to foods that support health eating patterns
    ii. Quality of housing
    iii. Crime and violence
    iv. Environmental conditions
e. Social and community context
    i. Social cohesion
    ii. Civil participation
    iii. Discrimination
    iv. Incarceration
f. Family relationships
g. Peer relationships/friends
h. Stress: relationships, school/work, drugs, alcohol, violence/abuse, family member incarcerated, lack of support/help, financial, emotional loss, health insurance, other

18. Depression screening question 1: Little interest or pleasure in doing things over the past 2 weeks
    a. Yes
    b. No
    c. Unsure
19. Depression screening question 2: Feeling down, depressed, or hopeless over the past 2 weeks
    a. Yes
    b. No
    c. Unsure
20. Does your child cry a lot?
    a. Yes
    b. No
    c. Unsure
21. Does your child have a hard time calming down?
    a. Yes
    b. No
    c. Unsure
22. Is there evidence in the well-child record that the child is already receiving mental/behavioral health services?
    a. Yes
    b. No
    c. Unsure

Appendix C. Medical Record Review Algorithm

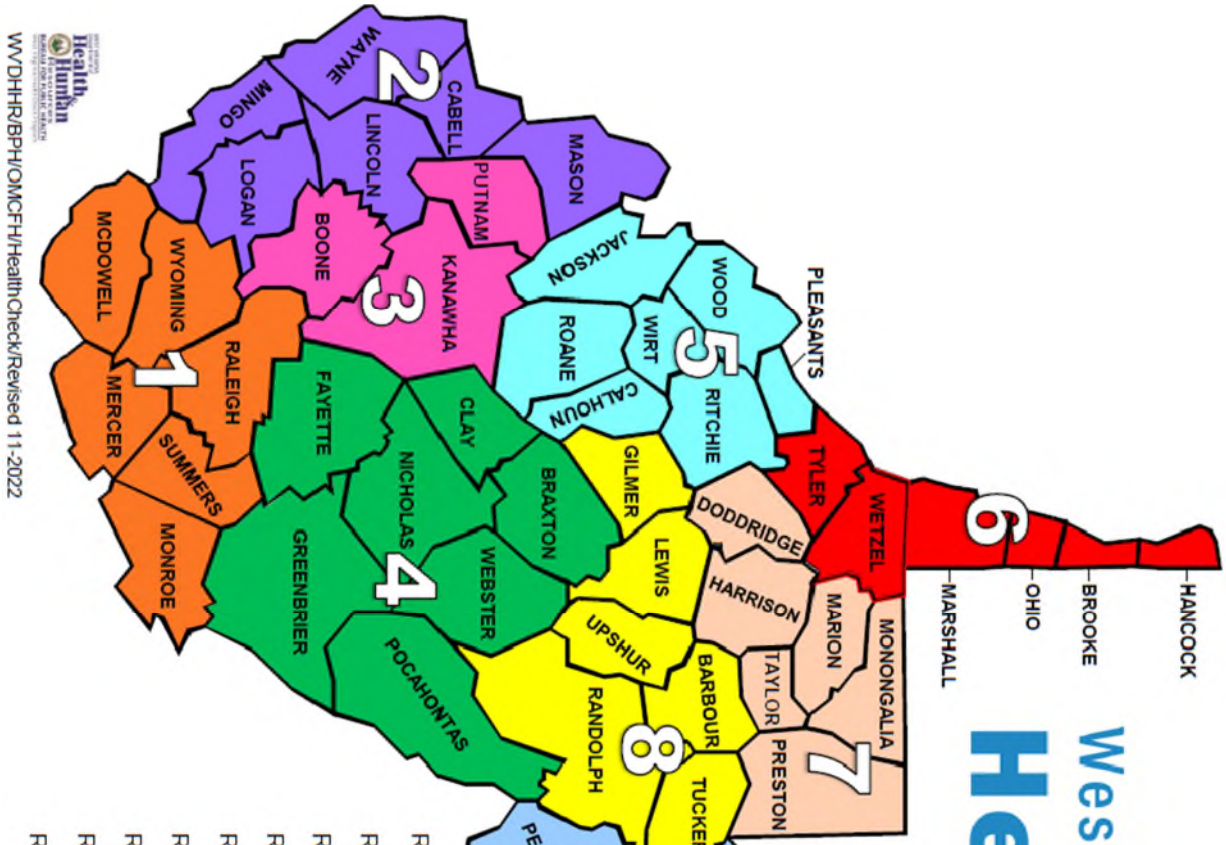


Appendix D. CPT codes to identify mental and behavioral health claims

Code	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation w/medical services
90832	Psychotherapy w/patient 30 minutes
90833	Psychotherapy w/patient w/E&M services 30 minutes
90834	Psychotherapy w/patient 45 minutes
90836	Psychotherapy w/patient w/E&M services 45 minutes
90837	Psychotherapy w/patient 60 minutes
90838	Individual psychotherapy, insight oriented, behavior modifying and/or supportive 60 minutes
90846	Family psychotherapy w/o patient present 50 minutes
90847	Family psychotherapy w/patient present 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy
96110	Developmental screening, with interpretation and report, per standardized instrument form
96111	Developmental testing w/interpretation & report
96112	Developmental test administration by a physician or other qualified health professional, 1st hour
96113	Developmental test administration by a physician or other qualified health professional, additional 30 minutes
96116	Neurobehavioral status exam by a physician or other qualified health professional, 1st hour
96121	Neurobehavioral status exam by a physician or other qualified health professional, additional hour
96127	Behavioral assessment w/scoring & documentation, per standardized instrument
96130	Psychological test evaluation services by a physician or other qualified health professional, 1st hour
96131	Psychological test evaluation services by a physician or other qualified health professional, each additional hour
96132	Neuropsychological testing evaluation, 1st hour
96133	Neuropsychological testing evaluation, additional hour
96136	Psychological or neuropsychological test administration/scoring by a physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes
96137	Psychological or neuropsychological test administration/scoring by a physician or other qualified healthcare professional, two or more tests, any method; each additional 30 minutes
96138	Psychological or neuropsychological test administration/scoring by a technician, two or more tests, any method; first 30 minutes
96139	Psychological or neuropsychological test administration/scoring by a technician, two or more tests, any method; additional 30 minutes
96150	Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment

96151	Health and behavior assessment, each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention; individual; each 15 minutes; face-to-face
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention; family (with patient present); each 15 minutes; face-to-face
99204	Office outpatient new 45 minutes
H0031	Mental health assessment by a non-physician

Appendix E. HealthCheck Regions



Regional Program Specialists

Region 1	Elsie Cox	304-414-0674
Region 2	Josh Brown	304-528-5711
Region 3	Steven Taylor	304-414-0695
Region 4	Vacant	304-414-0788
Region 5	Jamie Jacobsen	304-917-0886
Region 6	Logan Cumpston	304-221-2497
Region 7	Amy Plemons	304-366-3360 x-113
Region 8	Kim Wentz	304-471-0123
Region 9	Kris Poland	681-271-2038

WVDHHR/BPH/OMCFH/HealthCheck/Revised 11-2022