



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**All Provider Bulletin 301**  
**October 2020**

**TO:** All Providers Participating in MassHealth Who Render Pediatric, Prenatal, or Postpartum Care

**FROM:** Dan Tsai, Assistant Secretary for MassHealth

**RE: Impact of COVID-19 on Behavioral Health and the Importance of Perinatal and Pediatric Behavioral Health Screening during the Pandemic**

### **Background**

This bulletin provides behavioral health screening guidance to MassHealth providers, including resources, referrals, and screening requirements for providers treating children, youth, and pregnant and postpartum (perinatal) mothers and caregivers.

MassHealth Primary Care Providers (PCPs) are uniquely situated to identify emerging and existing behavioral health needs in children, youth, and perinatal women and caregivers, and in particular, are able to meet the urgent need in communities affected by health inequities. MassHealth PCPs are required to offer to provide behavioral health screenings for all members under the age of 21 (pediatric members), and these screenings are paid for by MassHealth. Similarly, MassHealth pays for universal screening for depression in perinatal women and caregivers (perinatal members) to ensure early detection and access to treatment. Such screenings may be provided by perinatal providers or PCPs during well-child visits for infants aged six months and younger or during a caregiver's visit with a perinatal care provider.

The COVID-19 pandemic and its disruption of everyday life have exacerbated social and health disparities. This is particularly true in populations already at risk for poor health outcomes due to longstanding inequities; for example, recent studies have shown that communities of color, including Black and Latinx, have suffered a disproportionate number of COVID-19 infections and deaths. Similarly, these same communities are encountering heightened stress during the COVID-19 pandemic, placing them at increased risk for new or reoccurring behavioral health symptoms. In particular, many Black and Latinx children, youth, and perinatal women and caregivers are experiencing increased anxiety and depression, among other behavioral health concerns. The inequitable impact of COVID-19 underscores the importance of MassHealth providers' role in identifying members' behavioral health needs.

This bulletin provides a reminder to PCPs on these MassHealth screening requirements.

### **Pediatric Behavioral Health Screening Requirements**

PCPs play an essential role during the COVID-19 pandemic in identifying behavioral health needs and supporting children and youth from communities affected by longstanding health inequities. In general, research suggests that children and youth in racial and ethnic minority groups, from low-income households, or enrolled in Medicaid are disproportionately more likely to receive behavioral

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health services exclusively at school. Schools traditionally play an important role in identifying behavioral health concerns for children and youth. Given the disruption of all normal activities caused by the COVID-19 emergency, including physical attendance at schools, behavioral health screening during PCP visits is even more critical for identifying children and youth in need of behavioral health treatment. PCPs play an equally important role during this time in providing referrals to appropriate treatment and community supports based on these behavioral health screenings.

PCPs must offer to screen members younger than 21 years old during each well-child visit, and as needed during other nonroutine visits, whether those visits occur in person or via telehealth. Pursuant to MassHealth regulations (130 CMR 450.140 through 450.150), MassHealth requires PCPs to offer screens for members under the age of 21 according to the EPSDT Services Medical Protocol and Periodicity Schedule found in Appendix W of the MassHealth provider manuals, and to provide or refer members to assessment, diagnosis, and treatment services, as necessary.

PCPs must conduct pediatric behavioral health screening using one of the standardized screening tools listed in Appendix W of the MassHealth provider manuals. Providers must choose a clinically appropriate screening tool from the list, based on the age of the child.

For more information about the standardized pediatric behavioral health screening tools, go to [www.mass.gov/screening-for-behavioral-health-conditions](http://www.mass.gov/screening-for-behavioral-health-conditions).

### **Perinatal Depression Screening Recommendations**

Screening and referral to treatment for perinatal members experiencing behavioral health symptoms is critical, particularly during the COVID-19 pandemic. Professional societies such as the American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG) recommend perinatal depression screening. MCPAP for Moms, the maternal health initiative of the Massachusetts Child Psychiatry Access Program (MCPAP) also recommends perinatal depression screening. Several studies have found that low-income women and women of color are more likely to experience perinatal depression than middle- and upper-income peers and White women. Additionally, Black women who screen positive for postpartum depression (PPD) are less likely than their White peers to receive follow-up treatment. The combination of increased stressors and decreased utilization of preventative and well-check visits during the COVID-19 pandemic heightens the need to reinforce the recommendations for both perinatal behavioral health screening and timely follow-up care.

Perinatal depression can occur among additional caregivers, as well, including but not limited to paternal caregivers. Emerging evidence suggests that paternal depression is an often overlooked, but common, occurrence with an estimated 8% meta-prevalence. Paternal depression is often found concurrent with maternal perinatal depression, but may occur on its own and has been associated with poor outcomes for children stretching even into early adulthood. It is, therefore, critical for providers to screen all caregivers who accompany infants to pediatric visits for perinatal depression.

MassHealth pays for perinatal depression screening administered in both maternal and pediatric care settings using Massachusetts Department of Public Health–approved tools. A list of approved validated tools can be found at [www.mass.gov/doc/ppd-and-maternal-mental-health-screening-tool-grid-o/download](http://www.mass.gov/doc/ppd-and-maternal-mental-health-screening-tool-grid-o/download).

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PCPs and perinatal care providers may submit claims for one prenatal and one postpartum depression screen for a pregnant or postpartum MassHealth member in a 12-month period, using the pregnant or postpartum member's MassHealth ID number. Additionally, pediatric providers may submit claims for one postpartum depression screen if administered in conjunction with a well-child or episodic visit for a MassHealth member aged 0-six months, using the infant's MassHealth ID number. Pediatric providers should use the Edinburgh Postnatal Depression Scale, one of the approved screening tools listed in Appendix W, when screening caregivers of infants younger than six months. The Edinburgh Postnatal Depression Scale screening also fulfills the pediatric behavioral health screening requirement outlined above. When behavioral health needs are identified, PCPs and perinatal care providers should connect members to further assessment, diagnostic, and treatment services, as necessary.

### **Resources and Referrals**

Learn more about the MassHealth services available to children and youth, including Children's Behavioral Health Initiative (CBHI) services at [www.mass.gov/service-details/cbhi-brochures-and-companion-guide](http://www.mass.gov/service-details/cbhi-brochures-and-companion-guide), where you can view and download a brochure for families, or request copies free of charge. For pediatric psychiatric consultation and referral for ongoing behavioral health care, contact MCPAP at [www.mcpap.com](http://www.mcpap.com).

More information and resources on perinatal behavioral health can be found through the Massachusetts Bureau of Family Health and Nutrition at [www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers](http://www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers) and through MCPAP for Moms at [www.mcpapformoms.org/](http://www.mcpapformoms.org/). For training and referral services, MCPAP for Moms provides real-time, perinatal psychiatric consultation and care coordination for obstetric, pediatric, primary care, and psychiatric providers to help identify and manage depression and other mental-health concerns during and after pregnancy.

Resources specific to those experiencing peripartum depression, including available support groups and experienced behavioral health providers, can be found on the Postpartum Support International website at [www.postpartum.net/](http://www.postpartum.net/), which provides a "warm" helpline for those experiencing perinatal depression. Calls to the helpline are responded to as soon as possible.

Behavioral health providers who are accepting referrals can also be found on the Massachusetts Behavioral Health Access website at [www.mabhaccess.com/](http://www.mabhaccess.com/). Many of these behavioral health providers have expanded their telehealth capacity and continue to provide care during the COVID-19 emergency.

### **Additional Reading**

To learn more about the information in this bulletin, explore the articles below which guided its content.

Ali MM, West K, Teich JL, Lynch S, Mutter R, Dubenitz J. Utilization of mental health services in educational setting by adolescents in the United States. *J Sch Health*. 2019;85):393-401. <https://onlinelibrary.wiley.com/doi/abs/10.1111/josh.12753>

Czeisler ME, Lane RI, Petrosky E, *et al*. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049-1057. <http://dx.doi.org/10.15585/mmwr.mm6932a1>

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<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2764730>

Goyal D, Gay C, Lee KA. How much does low socioeconomic status increase the risk of prenatal and postpartum depressive symptoms in first-time mothers? *Women's Health Issues*. 2010;20(2):96-104. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835803/>

Killerby ME, Link-Gelles R, Hight SC, *et al*. Characteristics Associated with Hospitalization Among Patients with COVID-19 – Metropolitan Atlanta, Georgia, March – April 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:790-794. <http://dx.doi.org/10.15585/mmwr.mm6925e1>

Liu CH, Tronick E. Rates and predictors of postpartum depression by race and ethnicity: results from the 2004 to 2007 New York City PRAMS survey (Pregnancy Risk Assessment Monitoring System). *Matern Child Health J*. 2013;17(9):1599-1610.

<https://link.springer.com/article/10.1007/s10995-012-1171-z>

Mukherjee S, Fennie K, Coxe S, Madhivanan P, Trepka MJ. Racial and ethnic differences in the relationship between antenatal stressful life events and postpartum depression among women in the United States: does provider communication on perinatal depression minimize the risk? *Ethn Health*. 2018;23(5):542-565. <https://pubmed.ncbi.nlm.nih.gov/28095722/>

National Center for Immunization and Respiratory Diseases and the Division of Viral Diseases. (2020). COVID-19 in racial and ethnic minority groups. [www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html](http://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html)

### **MassHealth Website**

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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### **Questions**

If you have questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.