



**MassHealth**  
**All Provider Bulletin 350**  
**August 2022**

**TO:** All Providers Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth

**RE: Developmentally Appropriate Behavioral Health Diagnosis and Assessment for MassHealth Members Birth Through Five Years**

## Background

This bulletin provides guidance to MassHealth providers engaged in behavioral health assessment, diagnosis, and treatment of infants, toddlers, and preschool children.

Approximately 10-14% of children birth to five years-old experience emotional, relational, or behavioral disturbances.<sup>1</sup> These disturbances may manifest as behaviors labeled as difficult or challenging, particularly in children of color, placing them at increased risk of negative socio-emotional outcomes including expulsion from child care or preschool settings, known to have long-term detrimental educational and health outcomes.<sup>2</sup> Given these potential outcomes, it is important that young children experiencing emotional, relational, or behavioral disturbances receive developmentally appropriate assessment, diagnosis, and intervention.

The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood™ (DC:0-5™), developed by the [Zero to Three Foundation](http://www.zerotothree.org), is a developmentally informed, culturally responsive approach for assessing and classifying mental health and developmental disorders in infants, toddlers, and preschool children from birth to age five. The DC:0-5 considers a child's clinical disorder only after other issues such as child's health, development, psychosocial stressors, culture, and nature of the child's relationship with important caregivers have been assessed. MassHealth considers use of the DC:0-5 in the assessment of infants and young children as a clinical best practice and strongly encourages behavioral health clinicians to seek training in the DC:0-5 and to use this framework when assessing very young children and their families.

This bulletin outlines the best practices for MassHealth providers utilizing the DC:0-5.

## Using the DC:0-5 for Developmentally Appropriate Assessment and Diagnosis

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525276/>

<sup>2</sup> <https://www.fcd-us.org/assets/2016/04/ExpulsionCompleteReport.pdf>

Young children require a developmentally grounded system that considers factors that affect their relational, social, and emotional wellbeing. Other classification systems, such as DSM-V, often do not adequately reflect the unique developmental and relational experiences of infants and young children.

Thorough assessments guided by the DC:0-5 may identify young children with clinical disorders requiring treatment, enabling their access to appropriate services. At the same time, DC:0-5 guided assessment may avoid pathologizing children demonstrating normal variations of development. Further, earlier access to developmentally and culturally responsive assessment aligns with MassHealth goals of promoting prevention and health equity.

### **DC:0-5™ Considerations for Use**

Zero to Three developed a crosswalk of DC:0-5 Axis 1 Clinical Disorders and their descriptions to their equivalent codes in the DSM-5 and ICD-10 to facilitate use of the DC:0-5, which several states have adapted to reflect their own reimbursement policies. MassHealth and its Managed Care Entities (MCEs) utilize a Massachusetts-specific [DC:0-5 code crosswalk](#) that was developed by the Department of Mental Health (DMH) and the Massachusetts Association of Infant Mental Health (MassAIMH)/Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) Partnership, with consultation from stakeholders with early childhood mental health expertise.

A behavioral health clinician may use the Massachusetts-specific DC:0-5 crosswalk to identify the corresponding ICD-10 diagnostic code only if the behavioral health clinician has:

1. Received clinical DC:0-5 training;
2. Conducted an assessment guided by the DC:0-5; and
3. Determined through that assessment that a child meets the criteria for an DC:0-5 Axis 1 Clinical Disorder.

**Please note:** The DC:0-5 crosswalk is a tool to support the practice of behavioral health clinicians who have received the [DC:0-5 clinical training](#). Use of the crosswalk outside of the context of a thoroughly documented assessment guided by the DC:0-5 framework would not be considered acceptable practice.

### **DC:0-5 Alignment with MassHealth's Child and Adolescent Needs and Strengths (CANS) Requirements**

For members younger than 21 years old, a CANS must be completed during the initial, comprehensive behavioral-health assessment, before the initiation of therapy and must be updated by a CANS certified provider at least every 90 days thereafter, or as otherwise directed by EOHHS. **The CANS and the DC:0-5 are complementary.** By providing a rich framework for comprehensive assessment in children birth to five, a DC:0-5 guided assessment can inform the CANS process. When serving members birth through age five years, it is recommended practice to conduct the assessment using the DC:0-5 framework prior to completing the CANS tool.

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## **Resources**

For more information about the DC:0-5 as developed by the Zero to Three Foundation, as well as infant and early childhood mental health (IECMH), see [www.zerotothree.org/our-work/dc-0-5](http://www.zerotothree.org/our-work/dc-0-5).

For more information about DC:05 implementation in Massachusetts, the Massachusetts specific crosswalk and other supportive resources for assessment, as well as to make training inquiries for agencies, visit <https://massaimh.org/dco-5/>.

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## **Questions**

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