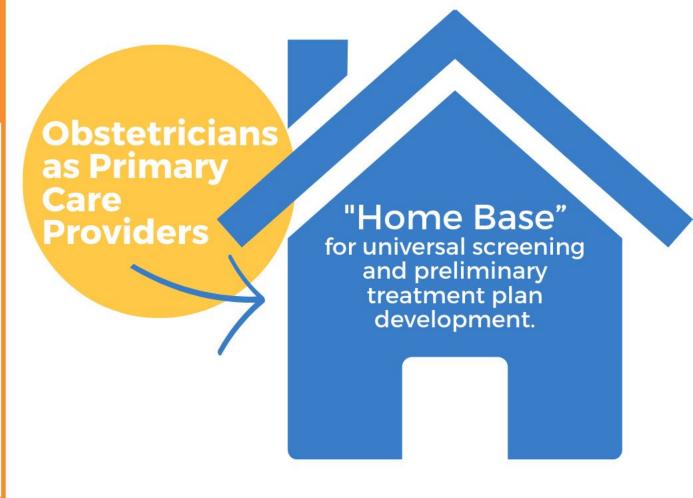
Behavioral Health Integration in Obstetrician Settings

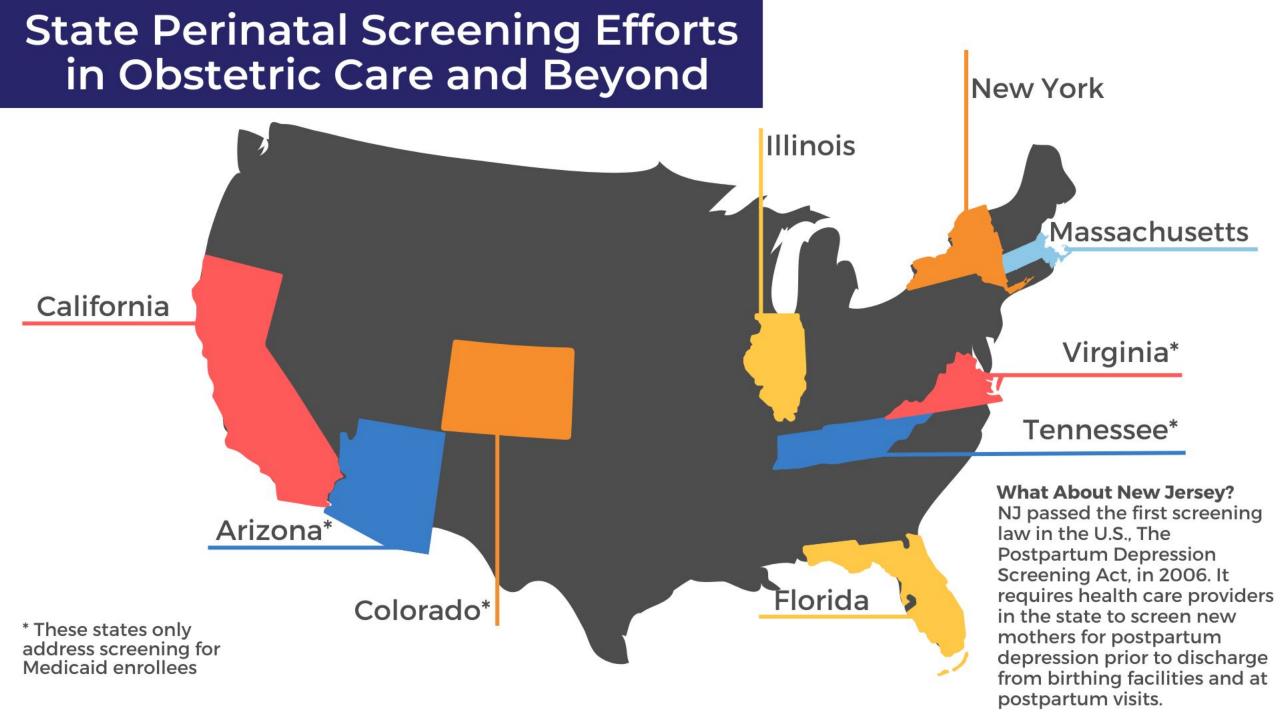
No Wrong Door Approach



Though Obstetricians as the primary medical home should screen during pregnancy and postpartum, all providers who interact with the perinatal population should screen, particularly those who note they haven't been screened or are currently suffering.







State <u>Peri</u>natal Screening Reimbursement Efforts for Obstetric Providers (3-2023) Cont

Arizona

Medicaid requires that providers screen individuals once for depression during the prenatal period and once at the postpartum visit.

California

Licensed health care practitioners in California are required to screen prenatal and postpartum patients.. California Medicaid (Medi-Cal) reimburses for maternal depression screenings, including at specific well-child visits. Medi-Cal also reimburses for up to 20 individual and/or group counseling visits for pregnant and postpartum individuals (up to 12 months postpartum) with depressive, socioeconomic or mental health risk factors. California Medicaid reimburses up to four maternal mental health screenings starting in pregnancy.

Colorado

The Prenatal Plus Program provides case management, nutrition counseling, and psychosocial services to pregnant individuals at risk for negative maternal and infant health outcomes. The Nurse Home Visitor Program provides case management services including depression screenings and preventive counseling to first-time mothers. Colorado Medicaid reimburses for three maternal depression screenings starting in pregnancy and up to 12 months postpartum.



State <u>Peri</u>natal Screening Reimbursement Efforts for Obstetric Providers (3-2023) Cont

Illinois

Licensed health care providers are required to screen prenatal and postpartum patients. IL Medicaid reimburses for prenatal and postpartum depression screenings. Illinois also recommends and reimburses for maternal depression screenings during well-child visits up to one year after birth. Screenings are limited to two per day. Managed care plans in Illinois are required to provide postpartum depression screenings one year after delivery. The Behavioral Health Transformation Demonstration includes a home visiting pilot for postpartum enrollees whose baby had withdrawal symptoms. Home visiting services include depression screening and are provided for 60 days postpartum.

Massachusetts

Reimburses for one prenatal and one postpartum depression screening for pregnant or postpartum enrollees. The state also recommends and reimburses for maternal depression screenings during well-child visits for caregivers of infants up to 6 months of age.

New York

Reimburses up to three maternal depression screenings during well-child visits through the child's first birthday. New York also requires providers to perform a prenatal and psychosocial risk assessment at the first prenatal visit, which includes screening for depression.



State <u>Peri</u>natal Screening Reimbursement Efforts for Obstetric Providers (3-2023) Cont

Tennessee recommends and reimburses for medically necessary maternal depression screenings during well-child visits. Pregnant enrollees in Tennessee's Low-Risk Maternity Program are screened for behavioral health conditions, including postpartum depression. Enrollees in the High-Risk Maternity program are screened for mental health concerns and receive case management visits monthly. Enrollees are placed into either the low- or high-risk program depending on the result of an obstetrical assessment to identify risk factors including tobacco use, diabetes, previous preterm birth, or substance use disorder.

Virginia reimburses for four maternal depression screenings during pregnancy (recommended once per trimester and once postpartum), as well as at well-child visits through the child's first two years. When a enrollee has a positive screen, FFS case managers and MCO care coordinators may track and provide referrals. Pregnant and postpartum enrollees in FFS Medicaid are screened for mental health issues including postpartum depression. Case management services are provided and care coordinators may provide referrals to treatment.

