

Financing Opportunities in Pennsylvania to Support Integrated Behavioral Health Promotion and Prevention Services

HealthySteps National Office Policy and Finance Team



To ensure positive health and development of infants and young children, the child-caregiver relationship and the caregiver's well-being must be a focus of primary care interventions during early childhood. Evidence-based [dyadic](#) models, such as [HealthySteps](#) (HS), have shown effectiveness in employing this two-generation lens to mitigate the effects of trauma and adverse childhood experiences, address social determinants of health (SDOH), and support behavioral health prevention and connection to needed treatment through team-based integrated pediatric primary care.

State Medicaid agencies are finding innovative ways to support dyadic integrated pediatric primary care models by utilizing new billing codes, allowing flexibilities in how codes are used, and exploring the use of alternative payment models to support team-based care.

Additionally, The Trump Administration recently released a [toolkit for state Medicaid and CHIP agencies aimed at expanding behavioral health services through the Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\)](#) mandated benefit. The toolkit includes recommendations for services, payment, policy and effective strategies highlighting the Administration's support of preventive behavioral health services, like those provided by HS.

Overall, the CMS toolkit paints a picture of a Medicaid system that is proactive, coordinated, and deeply attuned to the developmental needs of infants, young children and their families. It encourages states to use the full flexibility of Medicaid to build systems that not only respond to crises but also promote resilience, early intervention, and long-term well-being for children and families. Recommendations in the toolkit include:

- Developing a service array of behavioral health care that is consistent with EPSDT, which includes:
 - **Coverage for screening and assessment** for developmental and behavioral health screenings using specific reimbursement rates;
 - Services to address early signs or symptoms of behavioral health conditions, **with or without** a diagnosis;
 - **Co-located services** in community-based settings such as primary care offices; and
 - **Coverage for infant and early childhood mental health services (IECMH)**, including infant and early childhood mental health consultation.

Below are HS National Office recommendations and examples of how Pennsylvania Medicaid can reimburse and provide additional funding for prevention-oriented services in pediatric primary care that are consistent with CMS' recommendations. There are variations in state Medicaid programs that will impact decision making on the best approach for financing prevention-oriented behavioral health services in Pennsylvania. For more information, reach out to the HS Policy and Finance team at HSpolicyandfinance@zerotothree.org.

Recommended Prevention-Oriented Payment Innovations

Recommendation/Examples	Relevant Codes (if applicable)	Code Definition/Context of Service
<p>Allow individual and family psychotherapy to be billed under infants and toddlers when a concrete mental health or behavioral health diagnosis is not present.</p> <p>Examples: California Colorado Massachusetts New York</p>	<p>Psychotherapy 90832-90847</p>	<p>Allows individual and family psychotherapy to be billed with SDOH Z codes as the primary diagnosis. This can provide families with necessary preventive therapy services to address mild concerns before they require more costly interventions.</p>
<p>Provide an enhanced rate or per-member-per-month (PMPM) payment to primary care providers for universal evidence- and team-based dyadic primary care services for young children (0-3) to address key prevention/early intervention goals.</p> <p>Example: Maryland Arkansas New Jersey</p>	<p>Preventive education services H0025</p> <p>Alternatives:</p> <p>H0024</p> <p>H2027</p>	<p>Allows a state to provide a standard additional payment to support implementation of an evidence based, team-based, dyadic behavioral health pediatric primary care model.</p> <p>This streamlined approach:</p> <ul style="list-style-type: none"> • Encourages access to high-quality preventive services for young children and their families, • Eases administrative burden on clinics and state Medicaid programs, and • Supports employment of both licensed and non-licensed behavioral and mental health providers to provide services.