SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Mental Health - The Retrospective and Itinerary

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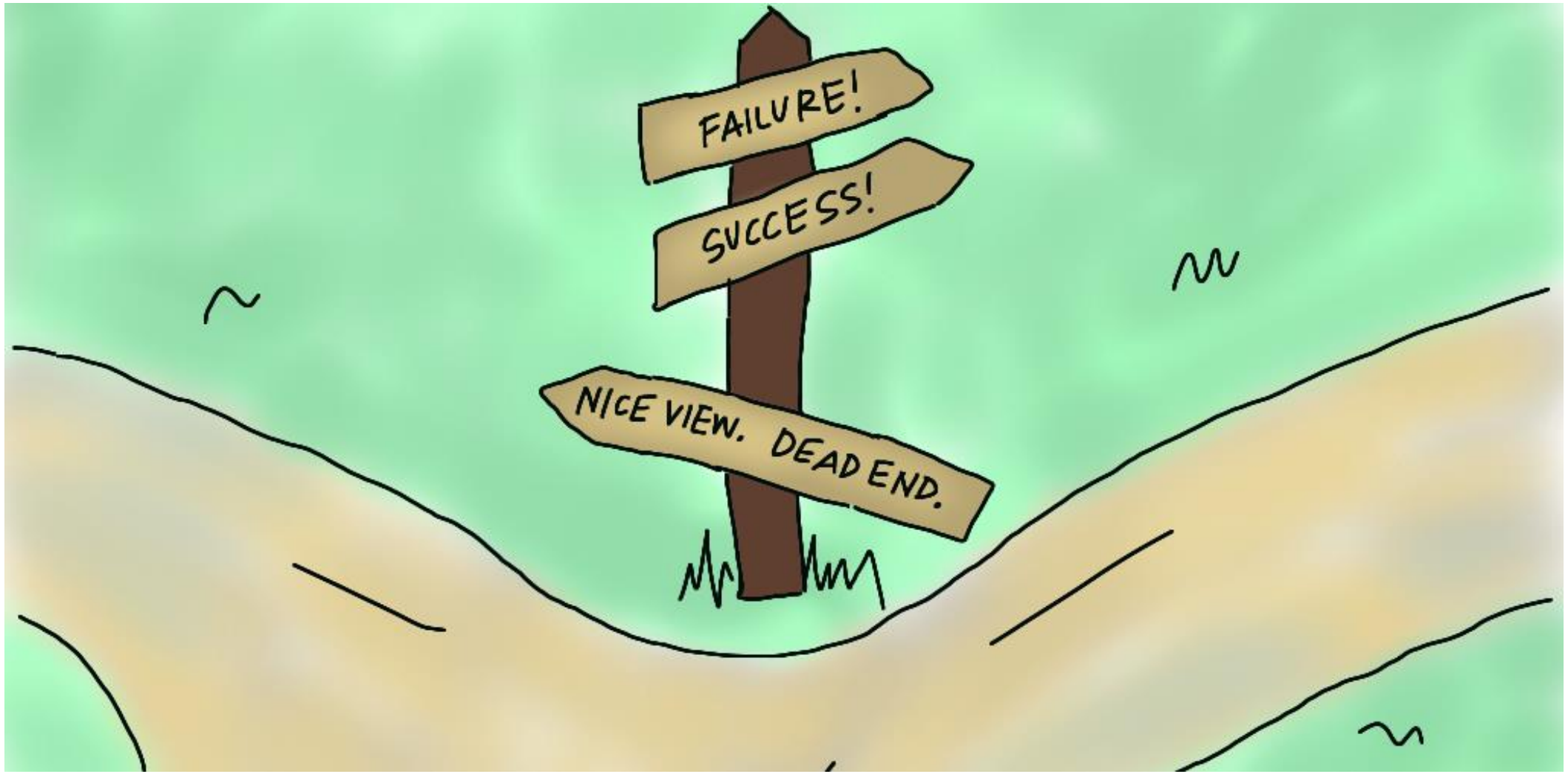
Aug. 8, 2025

Mental Health: The Retrospective

Mental Health: The Retrospective *(cont.)*



Mental Health Status: Aug. 24 versus Aug. 25

- Mental health delivery
  - Practice
  - Personal
- Wellness
  - Practice
  - Personal

Mental Health Framework

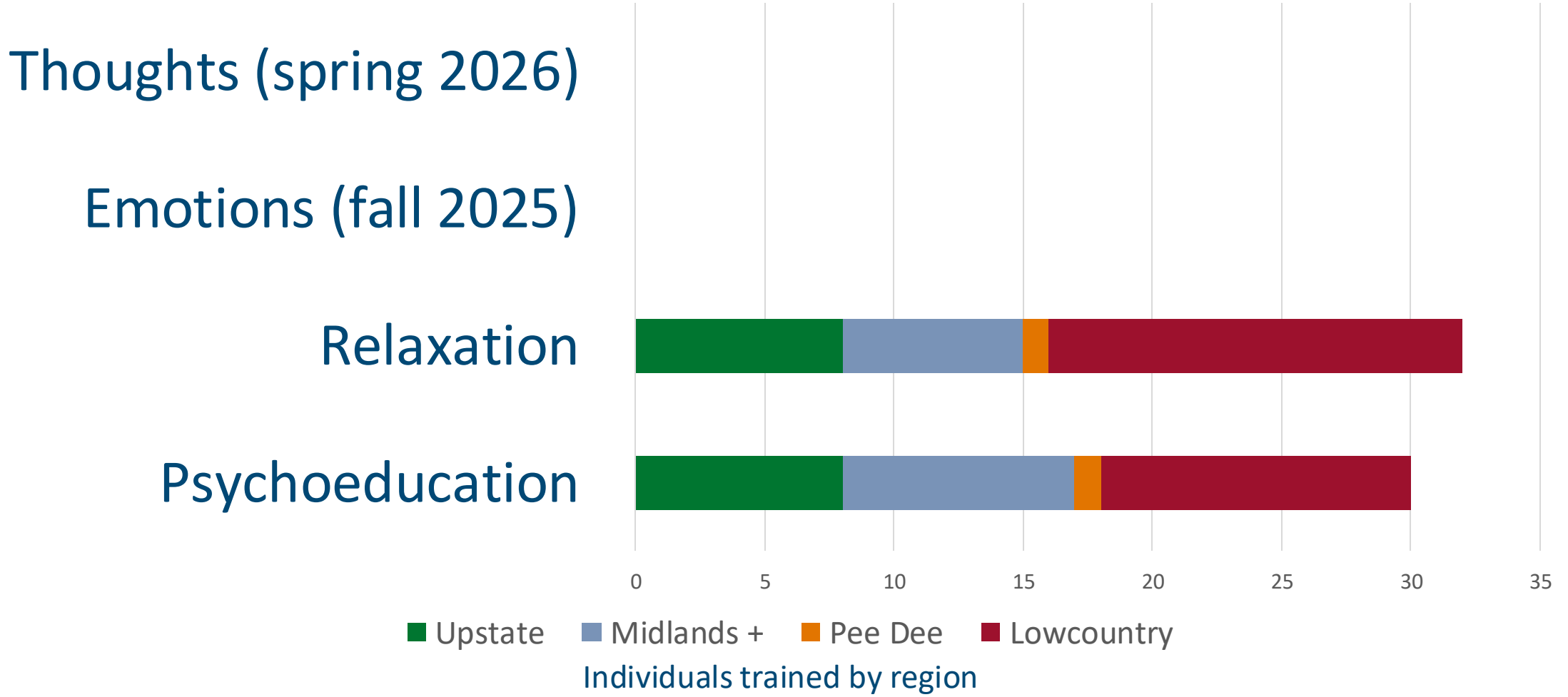
- Build mental health capacity
  - Screen
  - Manage
  - Increase confidence with mental health needs
- Connect to mental health resources
  - Local therapy
  - Family support
  - Tools
- Facilitate mental health system level change
  - Policy
  - Billing
  - Pilots
  - Access

Mental Health Spring 2025

Building Mental Health Capacity - 22%

- **R**apid **I**nteractive Screening **T**est for **A**utism in **T**oddlers (RITA-T) training
  - Screen
- Stabilization components training
  - Manage
- Managing complex mental illness
  - Increase confidence

Stabilization Components Training



Connect to Mental Health Resources - 39%

- Content experts
  - Caregiver support, Family Connection, [Substance Use, Department of Education, Human Trafficking, Kinship Caregiver Support]
- Access to psychiatry consults and specialized care
  - Dr. Khetpal / YAP-P, Dr. Pender, Project BEST SC, [Substance Use]
- Community mental health resource guide
  - Hyperlinks were checked and updated in April.
- Two parent-support cell phone-based apps

System Level Change - 39%

- Provisional Diagnosis of Autism Spectrum Disorder
  - RITA-T
    - 21 QTIP providers trained
    - Seven more have requested it
- BabyNet Fast Track Pilot
  - Services were initiated 20 to 24 days sooner
  - Data could lead to statewide expansion

Reach Institute

- "The REACH Institute empowers primary care providers, therapists and health systems with evidence-based training so they can deliver effective mental health care to their patients — helping more children and families access the care they need."

The REACH Institute – Nov. 2024 Recommendations

Why Clinicians Should Consider Coding by Time for Mental Health Care

The REACH Institute
November 21, 2024

"Many primary care providers are still coding by medical decision-making for mental health care," explains Eugene Hershorin, MD, a REACH faculty member and medical coding expert. "However, **time-based coding is both easier and often results in higher coding levels and therefore higher payment rates, especially for pediatric patients who require ongoing care for mental health conditions**."

One reason for the lower uptake is that the benefits of time-based coding are relatively new. In 2021, the Centers for Medicare and Medicaid Services (CMS) released major updates to coding guidelines for office-based evaluation and management (E/M) services. One of the biggest shifts made it much easier for clinicians **to bill for mental health services based on time spent working on a patient's case on the date of service**.

Dr. Hershorin walks us through how time-based coding can enable clinicians to better support long-term wellness for children and adolescents with mental health conditions.

The Old Status Quo: Coding by Medical Decision-Making

Prior to 2021, coding by medical decision-making was the norm for mental health care services in primary care settings. Dr. Hershorin aptly describes this type of coding as "counting bullet points to be sure there are enough to code and be paid for services."

In coding by medical decision-making, **the level of the visit** (a significant factor in the payment rate) **is determined by:**

- **Number and complexity of problems address**
- **Amount and/or complexity of data reviewed and analyzed**
- **Risk level**

To code a visit from levels two to five, the visit must meet certain criteria within each category, all tracked and documented by the clinician. For example, to qualify as a level five visit, a patient must present with a worsening condition that is complex and presents a high risk to their health

A significant downside of coding by medical decision-making is that it keeps payment rates lower when treating patients whose mental health conditions are well-managed. Standard visits with such patients may be difficult to code above a level two or three visit.

Time-based coding is one way that clinicians can ensure that they are paid adequately not just for managing pediatric patients in a mental health crisis, but for ensuring that those who are doing well with appropriate treatment continue to thrive.

How Time-Based Coding Benefits Patient Mental Health Care

Coding by time for mental health care is simpler but does require tracking time spent on the patient on the date of service. **The coding level of the visit is determined not by risk, crisis, or complexity level, but by how much time you spend on that patient's care throughout the course of the date of the visit. Both face-to-face time and non-face-to-face time, such as time spent charting, waiting on hold for the pharmacist, reviewing previous visits, scoring rating scales, etc. count toward the total.**

For example, for an existing pediatric patient whose ADHD is well-managed, a clinician might spend 7 minutes reviewing previous visits to prepare for the visit, 15 minutes during the office visit, 8 minutes charting after the visit, and 17 minutes speaking with other care providers such as pharmacies, labs, or other health care professionals, typically limited to those outside the practice and/or billing under another tax ID.

Under time-based coding, this could qualify as a level five visit that would be documented with a note stating: "This was an office visit that took 47 minutes and included reviewing notes from the past three visits, face-to-face time with the patient, charting time, and time speaking with the pharmacy."

Extended Time Codes

When using time-based coding, if time spent on the patient goes beyond that of a level-five visit, clinicians can also use the **prolonged service code (99417)**. Prolonged services can be billed in 15-minute increments. For example, if a clinician spends 32 additional minutes beyond the 54 minutes allocated to a level-five visit with an existing patient, they can bill twice for prolonged service.

https://thereachinstitute.org/why-clinicians-should-consider-coding-by-time-for-mental-health-care/

Cognitive Behavioral Therapy for Depression in Pediatric Primary Care Training Registration Form

- Please use the form below to register for an upcoming CBT for Depression in Pediatric Primary Care course, where you will learn how to effectively use cognitive behavioral therapy techniques to help children and teens who suffer from depression.
- Duration: One-day live course, followed by four (1-hour) group learning calls
- Format: Virtual
- Cost: $600
- Register here: https://thereachinstitute.org/program-registration/cbt-for-depression-in-pediatric-primary-care-registration/

Mental Health Survey 2025

Confidence in Your Personal Ability to Address Patients' Mental Health Needs

- Highest: 3%
- Above average: 61%
- Average: 35%
- Below average: 0%
- None: 0%

Formats Ranked Per Their Effectiveness to Learn Mental Health

1. Learning collaborative sessions
2. Live virtual trainings
3. Peer learning sessions
4. In-person with mental health consultant
5. Read the information
6. Training video on blog
7. Virtual mental health consults
8. Site visits

Routine Developmental Screenings - 96110

- Modified Checklist for Autism in Toddlers (MCHAT)
  - 48%*
- Ages and Stages Questionnaire (ASQ)
  - 25%
- Survey of Well-being of Children (SWYC)
  - 14%*
- Parents' Evaluation of Developmental Status (PEDS)
  - 13%

* cost-free

Routine Caregiver-focused Health Risk Screenings - 96161

- Edinburgh Postnatal Depression Scale (EPDS)
  - 53%
- Safe Environment for Every Kid (SEEK)
  - 17%
- SWYC
  - 13%
- Wellness, Comprehensive Assessment, Rehabilitation and Employment (We CARE)
  - 6%
- No screening used: one practice

Routine Emotional and Behavioral Health Screenings: 96127

Used Most	In the Middle	Used Least
Patient Health Questionnaire (PHQ-9)	Pediatric Symptom Checklist – Youth (35 questions) (PSC-Y)	PSC-17-Y
Generalized Anxiety Disorder (GAD-7)	GAD-2	Pediatric Symptom Checklist – Parent (35 questions) (PSC)
PHQ-9 + GAD-7	PHQ-2	Screening for Anxiety Related Emotional Disorders (5 questions) (SCARED-5)
	Pediatric Symptom Checklist – Parent (17 questions) (PSC-17)	
	Screening for Anxiety Related Emotional Disorders (41 questions) (SCARED)	
	Ages & Stages Questionnaire (ASQ)	

Substance Use Patient-focused Health Risk Assessment: 96160

- 81% of providers who do not use a screening tool **routinely** ask patients about their substance use.
- Car, Relax, Alone, Forget, Friends/Family, Trouble (CRAFFT) – update, Nicotine CRAFFT 2.1 + N: 23%
- CRAFFT: 19%
- Screening to Brief Intervention (S2BI): 0%
- Other: 6%

Mental Health: The Itinerary

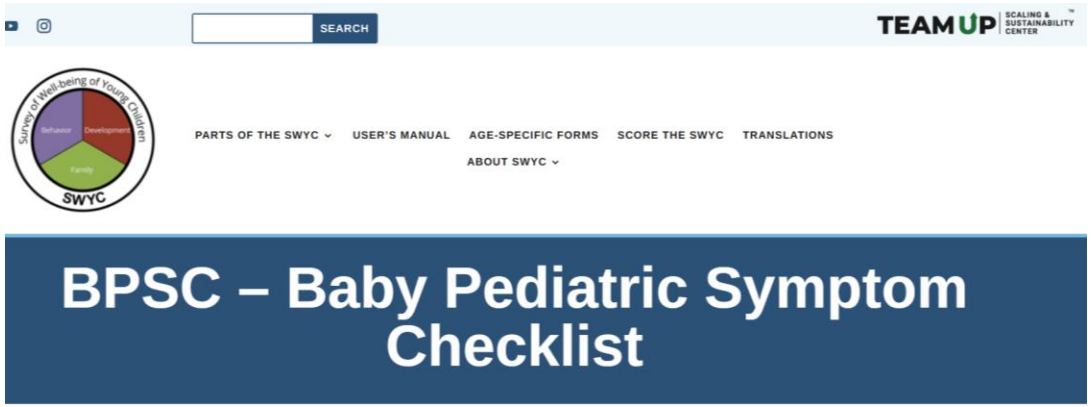
Developmental Screenings - 96110 / 96127

Developmental Screenings - 96110 / 96127								
Screening	**ASQ3** Ages & Stages Questionnaire, 3rd Edition	**PEDS-R** Parents' Evaluation of Developmental Status - Revised	**SWYC** Survey of Well-being of Young Children	**ASQ:SE-2** Ages & Stages Questionnaire Social-Emotional, 2nd Edition	**Brief ECSA** Brief Early Childhood Screening Assessment	**BPSC** Baby Pediatric Symptom Checklist	**PPSC** Preschool Pediatric Symptom Checklist	**SDQ** Strengths & Difficulties Questionnaire (2 - 4 yrs / 4 - 10 yrs
Type	General Development	General Development	General Development	Behavioral-Social-Emotional Development	Behavioral-Social-Emotional Development	Emotional-Behavioral Development	Emotional-Behavioral Development	Social-Emotional Development
CPT Code	96110	96110	96110	96127	96127	96110 / 96127	96110 / 96127	96127
Ages	1 mo. – 5.5 yrs	birth - 8 yrs	1 mo. – 5.5 yrs	1 mo. - 6 yrs	1.5 - 5 yrs	1 mo. – 18 mos.	18 mos. – 5.5 yrs	2 - 4 yrs 4 - 10 yrs
Cost	$295 per language (21 questionnaires / scoring sheets at 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, 60 mos. of age)	$52 per language	FREE	$295 per language	FREE	FREE	FREE	FREE
# of ?s	30	12	10	~ 30	22 + 2 about caregiver	12	18	25
Lang	Spanish/French/ Chinese/Arabic/ Vietnamese	Spanish	19 languages	Spanish/ French/ Arabic	Spanish/ Romanian	19 languages	19 languages	19 languages
Format	Online Paper EMR	Online Paper	Online Paper	Online Paper EMR	Paper	Online Paper EMR	Online Paper EMR	Online Paper
Online Completion/ Scoring	Yes, with subscription	Yes, with paid account	No	Yes, with subscription	No	Yes	Yes	Yes
ALL Developmental Screenings are on CHADIS								
Website Link	https://agesandstages.com/products-pricing/asq3/	https://pedstest.com/shop/	https://www.teamupcenter.org/age-specific-forms/	https://agesandstages.com/products-pricing/asqse-2/	https://medicine.tulane.edu/sites/default/files/Brief%20ECSA.pdf	https://www.teamupcenter.org/parts-of-the-swyc/swyc-bpsc/	https://www.teamupcenter.org/parts-of-the-swyc/preschool-pediatric-symptom-checklist-ppsc/	https://www.sdqinfo.org/py/sdqinfo/b0.py

Some Screenings at No Cost

Baby Pediatric Symptom Checklist

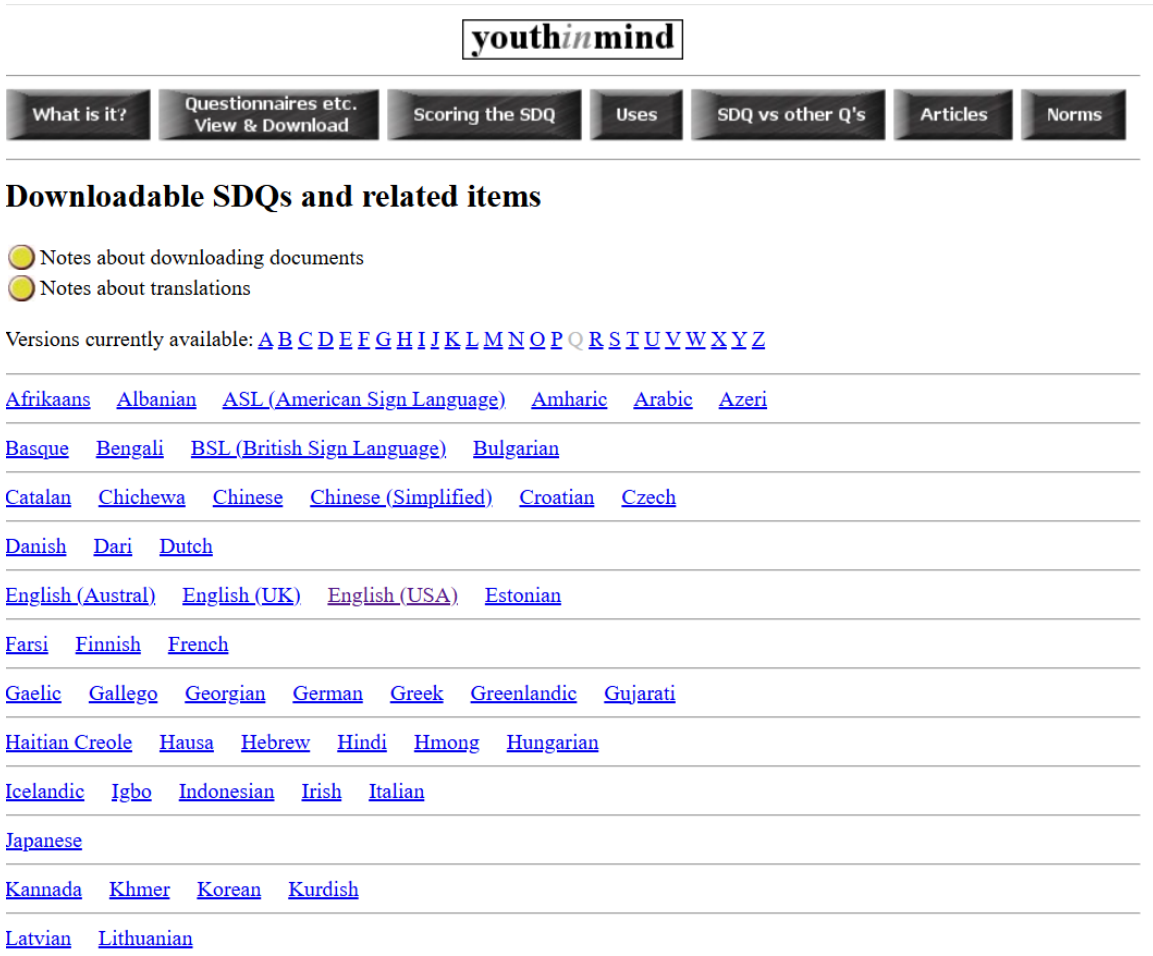
- BPSC two-to-18-month
  - Domain:
    - Developmental
  - Age range:
    - One months, zero days to 17 months, 31 days
    - The BPSC is on the bottom of the front side of the two-to-18-month Age-Specific SWYC Forms
  - Scoring:
    - The BPSC is divided into three subscales, each with four items. Add up each subscale score. Any summed score of three or more on any of the three subscales indicates that a child is at risk and needs further evaluation or investigation.
- https://www.teamupcenter.org/parts-of-the-swyc/swyc-bpsc/



Preschool Pediatric Symptom Checklist

- PPSC 24–60-month
  - Domain:
    - Behavior
  - Age range:
    - 18 months, zero days to 65 months, 31 days
    - The PPSC is on the bottom of the front side of the 24–60-month Age-Specific SWYC Forms
  - Scoring:
    - Determine the PPSC total score by assigning a “0” for each “Not At All” response, a “1” for each “Somewhat” response and a “2” for each “Very Much” response and then sum the results. A PPSC total score of nine or greater indicates that a child is “at risk” and needs further evaluation.
- https://www.teamupcenter.org/parts-of-the-swyc/preschool-pediatric-symptom-checklist-ppsc/

Strengths & Difficulties Questionnaire



youthinmind

What is it? | Questionnaires etc. View & Download | Scoring the SDQ | Uses | SDQ vs other Q's | Articles | Norms

Downloadable SDQs and related items

- Notes about downloading documents
- Notes about translations

Versions currently available: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Afrikaans Albanian ASL (American Sign Language) Amharic Arabic Azeri

Basque Bengali BSL (British Sign Language) Bulgarian

Catalan Chichewa Chinese Chinese (Simplified) Croatian Czech

Danish Dari Dutch

English (Austral) English (UK) English (USA) Estonian

Farsi Finnish French

Gaelic Gallego Georgian German Greek Greenlandic Gujarati

Haitian Creole Hausa Hebrew Hindi Hmong Hungarian

Icelandic Igbo Indonesian Irish Italian

Japanese

Kannada Khmer Korean Kurdish

Latvian Lithuanian

https://www.sdqinfo.org/py/sdqinfo/b0.py

Brief Early Childhood Screening Assessment

Brief Early Childhood Screening Assessment

Feelings and behavior are important parts of health and wellness. Please complete the questions below, so your child's pediatric provider can take the best possible care of your child.

Child name:_____ **Date of Birth**_____

Your name_____ **Date**_____

Please circle the number that best describes your child compared to other children the same age. The last 2 items are about you as a parent.

AND, please circle the "+" if you are concerned and would like help with the item (please circle a number as well)s

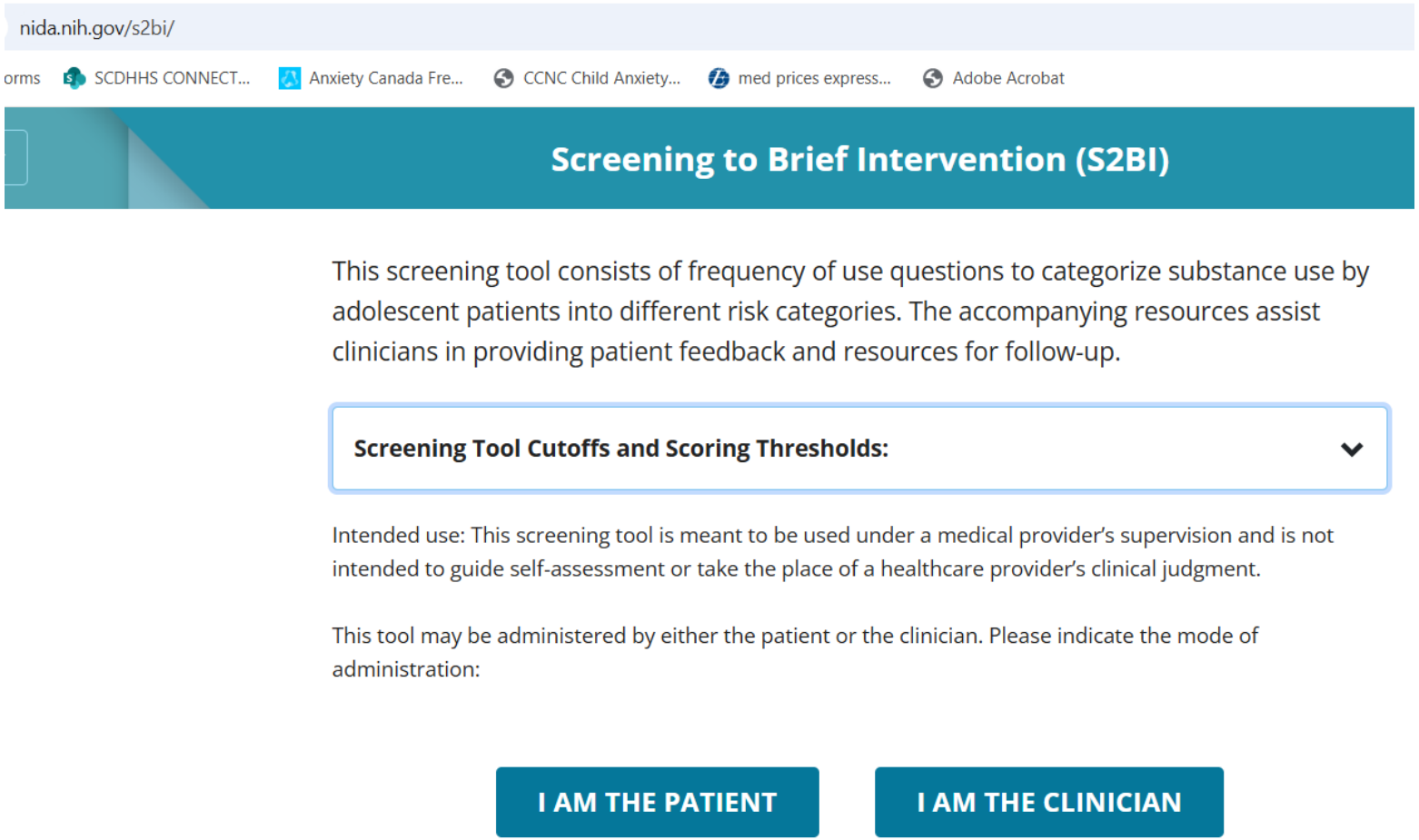
	Rarely/ Not true	Sometimes/ sort-of true	Almost always/ very true	I want help with this
1. Seems sad, cries a lot	0	1	2	+
2. Is difficult to comfort when hurt or distressed	0	1	2	+
3. Loses temper too much.	0	1	2	+
4. Avoids situations that remind of scary events	0	1	2	+
5. Hurts others on purpose (biting, hitting, kicking)	0	1	2	+
6. Doesn't seem to listen to adults talking to him/her	0	1	2	+
7. Battles over food and eating	0	1	2	+
8. Is irritable, easily annoyed.	0	1	2	+
9. Argues with adults	0	1	2	+
10 Breaks things during tantrums	0	1	2	+
11 Is easily startled or scared	0	1	2	+
12 Has trouble interacting with other children	0	1	2	+
13 Fidgets, can't sit quietly	0	1	2	+
14 Is clingy, doesn't want to separate from parent	0	1	2	+
15 Seems nervous or worries a lot	0	1	2	+
16 Blames other people for mistakes	0	1	2	+
17 Has a hard time paying attention to tasks or activities	0	1	2	+
18 Is always "on the go"	0	1	2	+
19 Reacts too emotionally to small things	0	1	2	+
20 Is very disobedient	0	1	2	+
21 Has unusual repetitive behaviors (rocking, flapping)	0	1	2	+
22 Doesn't seem to have much fun	0	1	2	+
23 I feel little interest or pleasure in doing things parent	0	1	2	+
24 I feel down depressed or hopeless	0	1	2	+

Are you concerned about your child's emotional or behavioral development? Yes Somewhat No

Substance Use Screenings (Patient-focused Health Risk Assessment) 96160

Substance Use Screenings (Patient-Focused Health Risk Assessment) - 96160									
Tool	**AUDIT** Alcohol Use Disorders Identification Test	**AUDIT-C** Alcohol Use Disorders Identification Test-Consumption	**BSTAD** Brief Screener for Tobacco, Alcohol, & other Drugs	**CRAFFT 2.1** Car, Relax, Alone, Forget, Friends, Trouble	**CRAFFT 2.1+N** Car, Relax, Alone, Forget, Friends, Trouble + Nicotine & Tobacco	**HONC** Hooked On Nicotine Checklist	**M-HONC** Modified - Hooked On Nicotine Checklist	**NIAAA** Alcohol Screening for Youth	**S2BI** Screening to Brief Intervention
Ages	12-17 YRS	12-17 YRS	12-17 YRS	12-21 YRS	12-21 YRS	12-15 YRS	12-15 YRS	9-18 YRS	9-18 YRS
Substances	Alcohol	Alcohol	Alcohol, Marijuana, Tobacco,	Alcohol, Drugs	Alcohol, Drugs, Nicotine	Smoking	Vaping	Alcohol	Alcohol, Tobacco, Marijuana, other drugs
Type	Assess use/ problems	Assess use	Assess use	Assess use	Assess problems	Assess dependence	Assess dependence	Assess use	Assess use
# of ?'s	10	3	3	4-9	5-21	10	10	2 + interpretation	3-7
Cost	Free	Free	Free	Free	Free	Free	Free	Free	Free
Administration	Clinician Interview / Self-Report	Clinician Interview / Self-Report	Clinician Interview / Self-Report	Clinician Interview / Self-Report	Clinician Interview / Self-Report	Self-Report	Self-Report	Clinician Interview	Clinician Interview
Languages	40+	Spanish	English	30+	30+	12	English	English	English
Formats	Paper	Paper	Online Paper	Paper	Paper	Paper	Paper	Clinician Interview	Online Paper
Online Completion/ Scoring	https://auditscreen.org/	No	https://nida.nih.gov/bstad/	No	No	No	No	No	https://nida.nih.gov/s2bi/
PDF	https://oasas.ny.gov/system/files/documents/2022/08/audit-eng.pdf	https://oasas.ny.gov/system/files/documents/2022/08/audit-c-eng.pdf	https://adhdtreat.caddra.ca/wp-content/uploads/2025/03/Brief-Screener-for-Tobacco-Alcohol-and-other-Drugs-BSTAD.pdf	https://njaap.org/wp-content/uploads/2018/03/COMBINED-CRAFFT-2.1-Self-Admin_Clinician-Interview_Risk-Assess-Guide.pdf	https://crafft.org/wp-content/uploads/2020/09/CRAFFT_2.1N-HONC_Self-administered_2020-09-30.pdf	https://www.umassmed.edu/globalassets/attocpenn/the_hooked_on_nicotine_checklist.pdf	https://www.health.tas.gov.au/sites/default/files/2024-08/modified_hooked_on_nicotine_checklist_m-honc.pdf	https://www.merckmanuals.com/professional/multimedia/table/niaaa-alcohol-screening-questions-for-children-and-adolescents	https://www.mcpap.com/pdf/S2BI_postcard.pdf

S2BI


nida.nih.gov/s2bi/
orms
SCDHHS CONNECT...
Anxiety Canada Fre...
CCNC Child Anxiety...
med prices express...
Adobe Acrobat
Screening to Brief Intervention (S2BI)
This screening tool consists of frequency of use questions to categorize substance use by adolescent patients into different risk categories. The accompanying resources assist clinicians in providing patient feedback and resources for follow-up.
Screening Tool Cutoffs and Scoring Thresholds:
Intended use: This screening tool is meant to be used under a medical provider's supervision and is not intended to guide self-assessment or take the place of a healthcare provider's clinical judgment.
This tool may be administered by either the patient or the clinician. Please indicate the mode of administration:
I AM THE PATIENT
I AM THE CLINICIAN

S2BI - Screening Tool Cutoffs and Scoring Thresholds

Screening Tool Cutoffs and Scoring Thresholds:

S2BI asks a single frequency question for past year's use of the three substances most commonly used by adolescents: tobacco, alcohol, and marijuana. An affirmative response prompts questions about additional types of substances used. For each substance, responses can be categorized into levels of risk. Each risk level maps onto suggested clinical actions summarized on the results screen.

S2BI Response	Risk Category
Never	No Reported Use
Once or twice	Lower Risk
Monthly+	Higher Risk

Tool Validation:

Psychometric properties for the S2BI tool were first described by Levy et al. in 2014.[1] S2BI was originally validated in a relatively small study in pediatric medical settings. In a recent study (2023) by Levy and colleagues found a high agreement between S2BI screening results and the criterion standard measure demonstrating additional psychometric validation.[2] The findings from this research are consistent with similar research in adults and support the principle of frequency-based screening as a good

Modified Hooked on Nicotine Checklist

Modified Hooked on Nicotine Checklist (M-HONC)

Screening Tool | June 2024

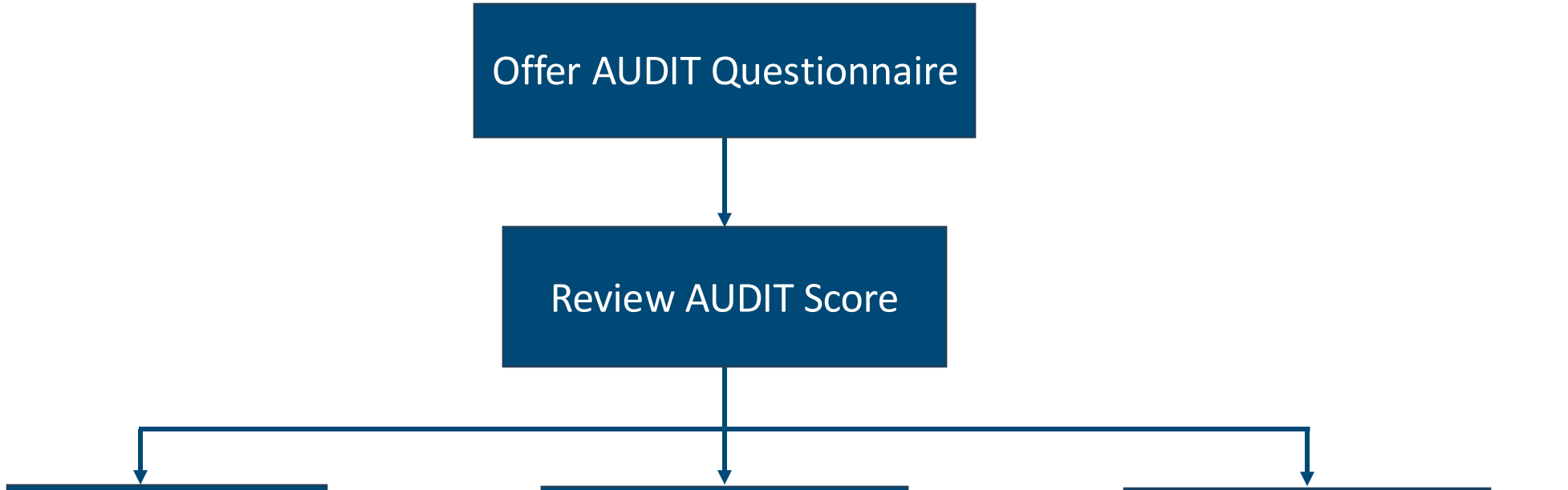
The M-HONC checklist is a series of simple questions used to determine nicotine dependence and related loss of autonomy in young people.

Questions	Yes	No
Have you ever tried to stop vaping, but couldn't?		
Do you vape now because it is really hard to quit?		
Have you ever felt like you were addicted to vaping?		
Do you ever have strong cravings to vape?		
Have you ever felt like you really needed to vape?		
Is it hard to keep from vaping in places where you are not supposed to, like school?		

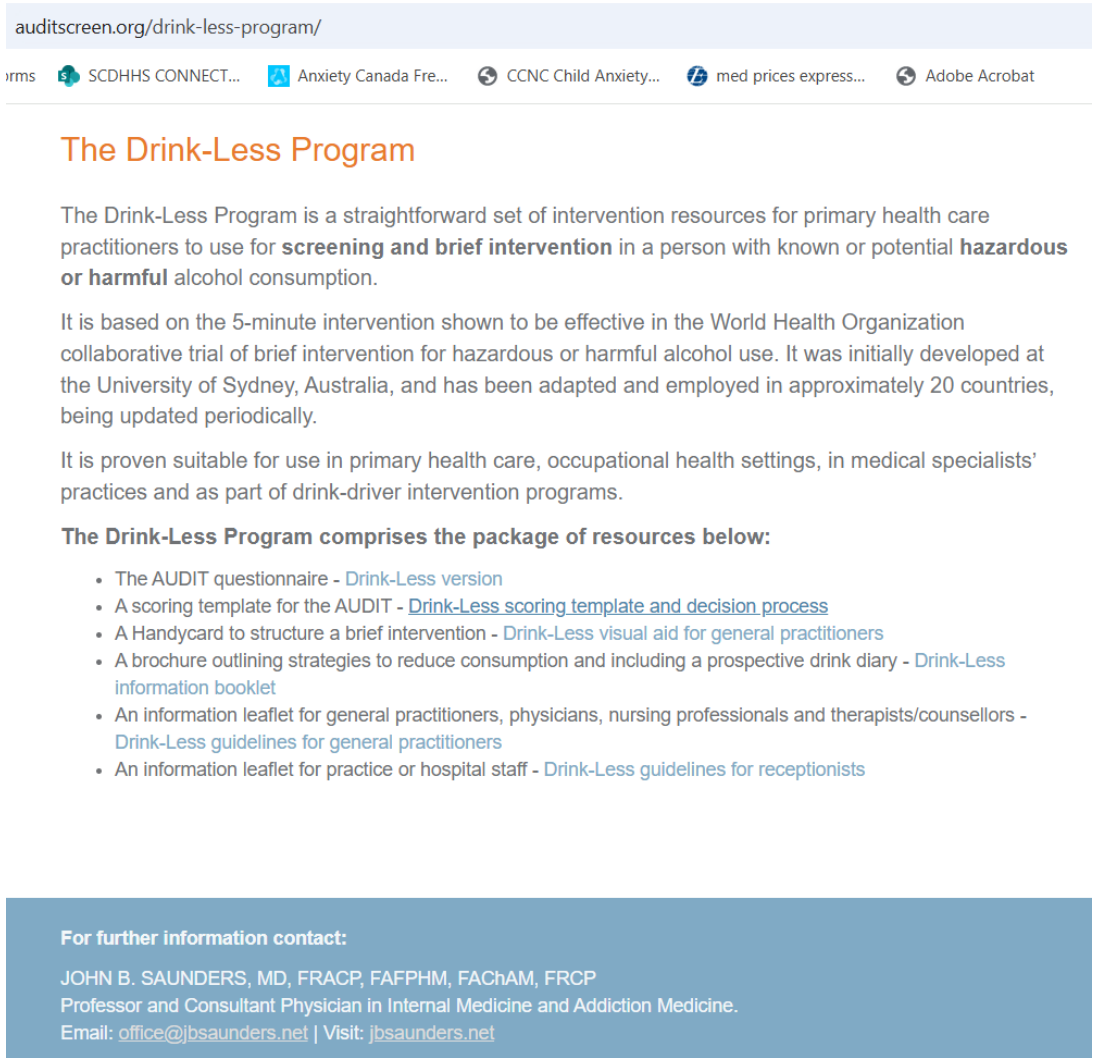
When you tried to stop vaping (or, when you haven't vaped for a while)…	Yes	No
Did you find it hard to concentrate because you couldn't vape?		
Did you feel more irritable because you couldn't vape?		
Did you feel a strong need or urge to vape?		
Did you feel nervous, restless or anxious because you couldn't vape?		

Total score:		

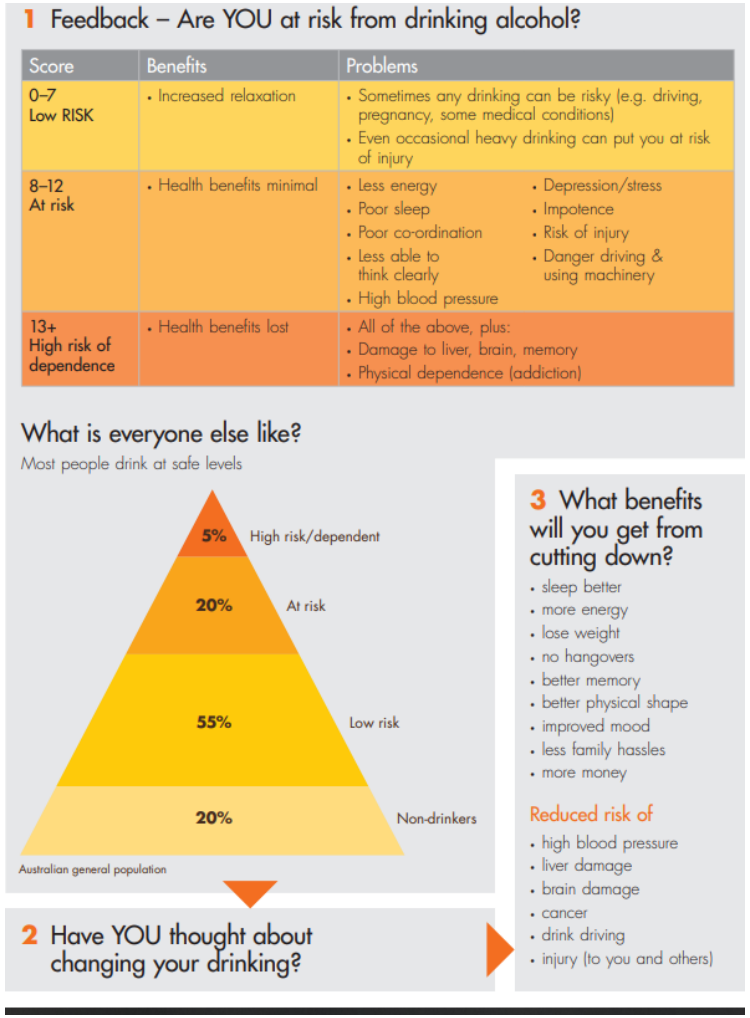
Alcohol Use Disorders Identification Test (AUDIT) Decision Tree



The Drink-Less Program



Resources



1 Feedback – Are YOU at risk from drinking alcohol?

Score	Benefits	Problems
0–7 Low RISK	• Increased relaxation	• Sometimes any drinking can be risky (e.g. driving, pregnancy, some medical conditions) • Even occasional heavy drinking can put you at risk of injury
8–12 At risk	• Health benefits minimal	• Less energy • Poor sleep • Poor co-ordination • Less able to think clearly • High blood pressure • Depression/stress • Impotence • Risk of injury • Danger driving & using machinery
13+ High risk of dependence	• Health benefits lost	• All of the above, plus: • Damage to liver, brain, memory • Physical dependence (addiction)

What is everyone else like?

Most people drink at safe levels

2 Have YOU thought about changing your drinking?

3 What benefits will you get from cutting down?

- sleep better
- more energy
- lose weight
- no hangovers
- better memory
- better physical shape
- improved mood
- less family hassles
- more money

Reduced risk of

- high blood pressure
- liver damage
- brain damage
- cancer
- drink driving
- injury (to you and others)

Suicide Prevention Grant - SC Office of Mental Health

- This is now a statewide grant.
- Make sure to register for the Aug. 27 call.

Mental Health Q&A


SOUTH CAROLINA
ANIMIS OPIBUSQUE PARATI
DUM SPIRO SPERO
SPES
QUIS SEPARABIT
MELIOREM LAPSA LOCAVIT
1776