## **MEDICAID POLICY INFORMATION SHEET**

Policy Analyst:	Matthew Hambleton				
Email:	hambletonm@michigan.gov				
Initial 🔀	Public Comment  Final				
Brief description	on of policy:				
child in accorda Pursuant to Pub include materna birth at follow-u	aid currently covers maternal depression screens up to 6 months of age of the ince with early and periodic screening, diagnosis and treatment requirements. Dic Act 246 of 2024 Michigan Medicaid is updating and expanding coverage to all depression and/or mental health screenings for individuals who have given up appointments or well child visit during the postpartum period. Policy is contingent upon the Centers for Medicare & Medicaid Services State Plan proval.				
Reason for policy (problem being addressed):					
To update and expand coverage of maternal depression and/or mental health screenings for individuals 12 months postpartum.					
Budget implication:  ☐ budget neutral ☐ will cost MDHHS \$ , and (select one) budgeted in current appropriation ☐ will save MDHHS \$					
Is this policy change mandated per federal requirements?					
No.					
Does policy have operational implications on other parts of MDHHS?					
No.					
Does policy have operational implications on other departments?					
No.					
Supporting Doo	cumentation:				
State Plan Amer If Yes, please pr Approved	ndment Required: Yes No Public Notice Required: Yes No rovide status:  Pending Denied If yes,  Approval Date:				

1/18 Policy Info Sheet

DRAFT FOR PUBLIC					
COMMENT					
Michigan Department of			_		
Health and Human Services	Project Number: 2542	-Maternal	<b>Date:</b> September 12, 2025		
Comments Due: October 17, 2025					
Proposed Effective Date: January 1, 2026  Direct Comments To: Matthew Hambleton					
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E-Mail Address: <u>hambletonm@michigan.gov</u> Phone: Fax:					
i none.			ı ux.		
Policy Subject: Expanded Cove	erage of Maternal Depre	ssion and/o	r Mental Health Screenings		
	·		· ·		
Affected Programs: Medicaid, MIChild					
Distribution: All Providers					
Company Michigan Madigaid compantly according to democratic according to Company					
<b>Summary:</b> Michigan Medicaid currently covers maternal depression screens up to 6 months of age of the child in accordance with early and periodic screening, diagnosis and treatment					
requirements. Pursuant to Public					
coverage to include maternal de					
have given birth at follow-up app					
Policy implementation is conting					
Plan Amendment approval.	,				
Purpose: To update and expan	•	lepression a	and/or mental health		
screenings for individuals 12 mc	onths postpartum.				
Coat Implications, Budget nous	tral				
Cost Implications: Budget neutral					
Potential Hearings & Appeal Issues: Michigan Public Act 246 of 2024					
- Statement Towning & Appear to about this inguit is done / tot 2 to of 202 i					
State Plan Amendment Required: Yes 🛛 No 🗌   Public Notice Required: Yes 🗌 No 🖂					
If yes, date submitted: Submitted date:					
Tribal Natification, Vac V No Date: July 2 2025					
Tribal Notification: Yes ⊠ No □ - Date: July 2, 2025					
THIS SECTION COMPLETED BY RECEIVER					
Approved	□ N	o Commen	ıts		
	□ s	ee Comme	nts Below		
☐ Disapproved ☐ See Comments in Text					
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Signature:		Phone Nu	ımber		
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Signature Printed:					
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Bureau/Administration (please	Dale				

Comment001 Revised 8/25

## Proposed Policy Draft

## Michigan Department of Health and Human Services Health Services

**Distribution:** All Providers

**Issued:** December 1, 2025 (Proposed)

**Subject:** Expanded Coverage of Maternal Depression and/or Mental Health

Screenings

**Effective:** January 1, 2026 (Proposed)

Programs Affected: Medicaid, MIChild

NOTE: Implementation of this policy is contingent upon approval of the State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).

Pursuant to Public Act 246 of 2024 (PA 246) this bulletin is updating and expanding coverage of maternal depression and/or mental health screenings for individuals 12 months postpartum. PA 246 requires mental health screenings for individuals who have given birth at follow-up appointments or well child visits during the postpartum period if the health professional is seeing the individual in a pediatric or obstetric and gynecological setting and the health professional determines at the follow-up appointment or well child visit that a mental health screening is appropriate for the individual. Healthcare providers in other settings (e.g., family practice or internal medicine) may also provide mental health screenings following the same process when appropriate.

Michigan Medicaid covers early and periodic screening, diagnosis and treatment (EPSDT) services, including maternal depression screenings, in accordance with the American Academy of Pediatrics (AAP) periodicity schedule, its components, and medical guidelines. The AAP periodicity schedule indicates a maternal depression screening is to be performed during each EPSDT well child visit beginning by one month of age and up to 6 months of age of the child. In accordance with PA 246, Michigan Medicaid is expanding coverage for maternal depression and/or mental health screenings for individuals who have given birth, conducted at follow-up appointments or well child visits to 12 months postpartum.

A maternal depression and/or mental health screening conducted by a health professional using an evidenced-based validated and standardized screening tool, such as the Edinburgh scale, assesses an individual's maternal mental health, depression, or other postpartum risk factors. When the maternal depression and/or mental health screening is conducted during the child's visit, the service should be reported under the child's Medicaid ID number as it is considered a service rendered for the benefit of the child. The child's primary care provider (PCP) may bill Current Procedural Terminology (CPT) code 96161. When the maternal

depression and/or mental health screening is conducted by a practitioner during a visit for the postpartum individual such as, but not limited to, a follow-up visit in a primary care or obstetric and gynecological setting, the service should be reported under the postpartum individual's Medicaid ID number. In this instance, the practitioner may bill CPT code 96127.

If the child's PCP or other health professional determines that a postpartum individual may be in need of mental health resources in addition to a mental health screening, the health professional may provide the individual with mental health resources including:

- Information regarding postpartum mental health conditions and their symptoms;
- Treatment options for postpartum mental health conditions;
- Referrals considered appropriate by the health professional for the individual; and
- Any additional supports, services, or information considered appropriate by the health professional to support the individual.