Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services CCO Quality Incentive Metric

FREQUENTLY ASKED QUESTIONS

Updated October 2025

Purpose

This document provides frequently asked questions and answers related to the Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services CCO quality incentive metric (Social-Emotional Interventions for 1-5 quality metric). This Frequently Asked Questions (FAQ) document adds to the 2025 measure specifications. Additional guidance and technical assistance can be found on Oregon Health Authority's (OHA) Social-emotional health metric: technical assistance webpage.

Please send questions to metrics.questions@odhsoha.oregon.gov.

Background

The Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services CCO quality incentive metric was developed by the measure steward, Oregon Pediatric Improvement Partnership (OPIP). The vision is that children 1-5 years of age and their families have equitable access to services that support their social-emotional health and are the best match for their needs. CCOs can work toward this vision by targeting services most aligned with clinically recommended intervention services and improve the health care-based system of providers that the CCO contracts with that can provide these issue-focused intervention and treatment services. The intent of the

Social-Emotional Health is the developing capacity of a child up to 5 years old to:

- Form close and secure relationships with their primary caregivers and other adults and peers
- Experience, manage and express a full range of emotions
- Explore the environment and learn all in the context of family, community and culture

Babies, toddlers and young children can and do suffer from mental health conditions caused by trauma, neglect, biological factors and environmental situations that disrupt their social-emotional development. This metric focuses on children who experience issues with one or more of these social-emotional health factors.

quality metric is to measure and enhance the provision of intervention and treatment services for children 1-5 years of age with identified social-emotional needs or issues. The Social-Emotional Interventions for 1-5 quality metric intends to proactively address the social-emotional needs of children by identifying mental health needs and providing supports to children and their families. These supports will not only benefit the children in real time, but they will also help to prevent the development of additional concerns as the child ages.

More information about this Young Children Receiving Social-Emotional Issue-Focused Interventions/Treatment Services metric can be found here:

1) OPIP's educational webinar on social-emotional issue focused interventions/treatment for young children for the Metrics & Scoring Committee
2) 2025 Specifications: Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services
3) Summary of public comment about the need for the targeted focus of the metric
4) OPIP's website

Information about the history and development of the quality metric can be found on OHA's Health Aspects of Kindergarten Readiness webpage.

Contents

Summary of changes in the October 2025 FAQ release

- Updated organization and formatting throughout the document to improve navigation and readability.
- Added the following questions in response to new questions shared by CCOs. All new questions are indicated with an orange star (★) next to the question number.
    - 5. What is the role of primary care providers in this metric?
    - 6. Why does the metric measure social-emotional health service delivery independent of the assessment for need of the service(s) within the denominator?
    - 13. Can preventive medicine counseling codes be billed via telehealth?
    - 14. How can In-Lieu of Services (ILOS) be used for this metric?
    - 15. How do primary care providers and early educators identify young children with social-emotional support needs separate from developmental delays?
    - 16. Does OHA support training cohorts for evidence-based therapies beyond Parent-Child Interaction Therapy (PCIT)?
    - 17. What social-emotional health services/interventions are available and appropriate for children ages 1-5?
    - 20. Is a Certificate of Approval (COA) required for social-emotional health providers to bill for services in Early Learning settings?
    - 21. Will there be a new provider type created for education department trained individuals to allow them to bill for social-emotional health services included in this metric?

Metric background questions

1. What are services that address social-emotional health?

The broad types of CCO-covered services that can address social-emotional health include:

- Assessments, evaluation or testing to determine a diagnosis or need for treatment
- Issue-focused intervention services to address the social-emotional delays or risk factors identified.

The vision and intent of the Social-Emotional Interventions for 1-5 quality metric align with the American Academy of Pediatrics Bright Futures recommendations and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) recommendations that all children should be screened and assessed for social-emotional health in the first five years and then receive issue-focused services to address any identified delays or risk factors associated with social-emotional delay.

2. **Which social-emotional health services/CPT codes are included in the Social-Emotional Interventions for 1-5 quality metric?**

   The specific Current Procedural Terminology (CPT) codes included in the measurement of the Social-Emotional Interventions for 1-5 quality metric can be found in the 2025 measure specifications. Additional information regarding coding and billing for this quality metric can be found in the Coding and Billing Guidance document published by OHA in December 2024.

3. **How were the CPT codes chosen for the Social-Emotional Interventions for 1-5 quality metric?**

   The metric CPT codes were selected to focus on services most aligned with clinically recommend interventions. The measure steward, Oregon Pediatric Improvement Partnership (OPIP), held numerous input sessions with CCOs, clinical providers of young children, and parents and family advocacy organizations, and presented to several OHA committees to gather feedback on the CPT codes to include in the metric. One of the main goals for the input sessions was to hear from frontline providers and CCOs about the most commonly used claims codes for issue-focused interventions with young children. The initial claims code list was created based on this extensive input.

   As an additional step, OPIP coordinated with OHA to analyze claims data from each individual CCO, to assess the rate specific claims codes were used within each CCO, and to understand if there were claims codes commonly used to bill for issue-focused intervention services that were not included in the initial code list. From that data, OPIP added a few additional codes that were used in some CCOs with higher frequency. OHA's Child and Family Behavioral Health team also reviewed and provided input on the final code list.

4. **Are screenings included in this metric?**

   Screenings are not within the scope of the Social-Emotional Interventions for 1-5 quality metric. The focus of this metric is on social-emotional health issue-focused interventions and treatment services provided by health care providers contracted with CCOs.

   Although screenings are not captured in the 2025 Social-Emotional Interventions for 1-5 quality metric, the engagement of cross-sector community partners who may be doing screenings or support children ages 1-5 is crucial to this work.

5. **What is the role of primary care providers in this metric?**

   The intent of the Social-Emotional Interventions for 1-5 quality metric is to measure and enhance the provision of intervention and treatment services for children 1-5 years of age

with identified social-emotional needs or issues or who are at risk for social-emotional delay. Considering this goal, the services included in this metric are intended for delivery by providers with specialized expertise and training to provide issue-focused interventions and treatments for young children. This can include people who work in specialty behavioral health settings, integrated behavioral health providers within primary care settings, and other organizations that a CCO contracts with to provide these billable services.

In alignment with EPSDT and Bright Futures recommendations, primary care providers play a critical role in identifying children with social-emotional health needs. For this metric, the role of primary care providers is to connect these children to services addressing the needs that are the focus of the metric.

6. Why does the metric measure social-emotional health service delivery independent of the assessment for need of the service(s) within the denominator?

The purpose of this metric is to drive upstream improvements in the CCO system that are included in the global budget and necessary to provide children with issue-focused interventions. CCOs are accountable for ensuring that behavioral health services are available for the populations they serve. This CCO quality incentive metric is meant to ensure that CCO behavioral health networks meet the needs of young children enrolled in Medicaid.

This component of the metric was developed during the robust public input sessions held at the time of the metric development and in consultation with national experts in this area. There are several important clinical and systemic reasons this metric is not narrowed only to those for whom an assessment was billed or to children who have a diagnosis, including:

- The American Academy of Pediatrics Bright Futures and EPSDT recommend social-emotional health screening and assessment for all children in the first five years. In alignment with these recommendations, many children with social-emotional health issues will be identified in the context of clinically recommended care. In this setting, the primary care team would be able to determine an appropriate diagnosis, and an integrated behavioral health provider would be able to provide an intervention/treatment service without having to conduct another assessment. These are the services that the metric is meant to capture and incentivize.
- Many of the services included in this metric are appropriate for integrated behavioral health providers to deliver in a primary care setting without prior assessment or diagnosis. To limit the metric denominator to children with a

documented need for services would prevent these undiagnosed children who receive services from being counted toward the metric numerator.

- Based on Oregon data tracked from 2019 to the present, narrowing down the metric to those who had an assessment or diagnosis would be narrowing down the metric to the very small percentage of children who were able to receive those sets of services only. This would have an unintended negative consequence of not focusing on improving the system that would help increase assessments or brief intervention services for children needing social-emotional supports and therefore is not aligned with the purpose of metric.

To summarize, the goal of the metric is to focus on all children 1-5 years of age in the CCO and maximize the number of identified children receiving services. One of the main barriers to children receiving these services is the process of early identification. If the metric denominator were narrowed to children already identified with a social-emotional need, the metric would only incentivize intervention services for the small population of young children who were able to access care, receive screening or evaluation, and identified with an obvious need for supports. By contrast, the hope is that this metric will strengthen the system needed to identify and support young children who could benefit from supports to ensure healthy social-emotional development.

Coding & Billing Questions

7. How do the CPT codes that are not included in OHA's fee-for-service fee schedules count toward the metric?

All 44 CPT codes included in the Social-Emotional Interventions for 1-5 quality metric will be used in the measurement of the metric regardless of whether they are present in OHA's fee-for-service (FFS) fee schedules.

Only 3 of the 44 CPT codes included in the Social-Emotional Interventions for 1-5 quality metric set do not currently appear on either the August 2024 behavioral health fee schedule or the September 2024 medical/dental fee schedule. These include CPT codes 97158 (adaptive behavior treatment) and 96202-96203 (multi-family group training session). Although they do not appear on OHA's FFS fee schedules, these CPT codes are present and valid in the Medicaid Management Information System (MMIS) and billing may occur.

OHA's FFS fee schedules establish minimum payments for services; however, CCOs may establish their own rates with in-network providers and should do so according to the CCO contract (Exhibit B, part 8, number 5) and as outlined in OAR 410-120-1295. CCOs should establish their own rates for the Social-Emotional Interventions for 1-5 quality metric CPT codes not listed within OHA's FFS fee schedules. Refer to the Coding and

Billing Guidance document for more information regarding claims submission and payment.

8. **Are specific provider types or diagnostic pairings required for this metric?**

   While there are standard requirements for claims regarding provider types and diagnostic codes and pairing, no specific provider types, diagnostic codes or pairings are required for the claims to count in the reporting of the Social-Emotional Interventions for 1-5 quality metric.

   CCOs should support providers to code and submit claims according to appropriate scope of practice and service need, and to provide coverage aligned with the EPSDT guidelines. See the Oregon Early Childhood Diagnostic Crosswalk for more information about diagnostic classifications. Refer to the American Academy of Pediatrics Bright Futures table for recommendations for preventive pediatric health care.

   CCOs should also refer to the OHA's FFS fee schedules and Coding and Billing Guidance document for more information regarding claims submission and payment.

9. **Can physicians use CPT codes 98960-62 ("Education and Training")?**

   The full CPT claim title for these codes is "education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family)". Therefore, CPT codes 98960-98962 are not intended for use by physicians.

10. **Which provider type can use CPT codes 99411-99412?**

    Licensed providers in primary care, integrated behavioral health and specialty behavioral health may use CPT codes 99411-99412 (preventive medicine counseling in a group setting). As reflected in American Medical Association's (AMA) Behavioral Health Coding Resource, these codes are intended to be preventive/used prior to formal diagnosis with the intention of addressing social-emotional concerns before they become larger health issues. They do not require a large team to implement.

    See the Coding and Billing Guidance document for more information about what CPT codes are appropriate for use by different provider types and in different settings. Refer to OHA's Oregon Primary Care Providers and Procedure Codes document for a list of the provider types and codes eligible for Oregon's primary care rate.

11. For the generic preventive medicine counseling code (CPT codes 99401-99404 and 99411-99412), how will social-emotional counseling be distinguished from other counseling (e.g., diet and exercise counseling)?

The measurement of this quality metric only uses CPT codes (no diagnosis/provider pairing requirements), which will not distinguish between types of preventive medicine counseling.

The preventive medicine counseling codes specific to the metric age group (1–5-year-olds) are likely used mainly for social-emotional counseling but may also be used for other supports such as social-determinants of health (SDOH) management. For this reason, a request was made to OHA to provide the data for CPT codes 99401-99404 and 99411-99412 looking at the overall rate of use and broken out for claims paired with an SDOH diagnosis code only (e.g., Z71.88 - encounter for counseling of social-economic factor, other specified counseling). Results of this inquiry may inform future refinements to the Social-Emotional Interventions for 1-5 quality metric CPT code list.

For more information, see OPIP's 2024 presentation to the OHA Metrics and Scoring committee.

12. How do providers bill for services that are part of the Social-Emotional Interventions for 1-5 quality metric?

Providers must be enrolled in MMIS to bill for services or submit a claim. The Social-Emotional Interventions for 1-5 quality metric will use MMIS claims data for measurement.

CCOs establish their own contract arrangements and rates with in-network providers and should do so according to the CCO contract (Exhibit B, part 8, number 5) and as outlined in OAR 410-120-1295. CCOs may use OHA's FFS fee schedules to establish payment for services for in-network providers. Refer to the Coding and Billing Guidance document for more information regarding claims submission and payment.

Within clinical settings there is usually a coding specialist who works in the billing department and assigns claims codes to medical records and works with providers to translate healthcare services, procedures, and diagnoses into appropriate codes. CCOs can work with in-network providers and their coding specialists on appropriating billing for services that are part of this quality metric.

OHA's FFS fee schedules provide information about the provider types that are appropriate to deliver and bill the services included in the Social-Emotional Interventions for 1-5 quality metric. The appropriate provider types for most services in this metric are integrated behavioral health and specialty behavioral health providers. Some of the codes included in the metric (90791, 90792, H2014, 90832-90834, 90836-90838, 90846, 90847,

90849 and 90853) list Licensed Medical Practitioner (LMP) as a provider type, which may include MDs, PAs, and NPs, and generally represent LMPs with specialized training in mental health (e.g. psychiatry).

13. Can preventive medicine counseling codes be billed via telehealth?

Yes, preventive medicine counseling codes can be billed via telehealth. For information governing telehealth, please refer to OAR 410-120-1990.

14. How can In-Lieu of Services (ILOS) be used for this metric?

There are three existing ILOS in 2025 CCO contracts that may support providers delivering social-emotional health services included in the quality metric. These ILOS include:

- CHW services - alternative setting
- Peer and QMHA services - alternative setting
- Infant mental health pre- and post-testing services

For examples of how ILOS could be used and important ILOS considerations related to the quality metric, refer to the ILOS section (page 13) of the Coding and Billing Guidance document.

Contact ILOS.info@odhsoha.oregon.gov for ILOS questions.

Social-Emotional Health Knowledge & Training Questions

15. How do primary care providers and early educators identify young children with social-emotional support needs separate from developmental delays?

The focus of this metric is on issue-focused intervention and treatment services provided by CCO contracted providers as the metric is meant to assess for quality within the CCO.

Primary care providers, via clinical recommendations related to early and periodic surveillance and screening, may identify children who need issue-focused intervention and treatment services. Providers can refer to the American Academy of Pediatrics Bright Futures resources to support their practice and work with children ages 1-5. For example, there are several Bright Futures/EPSDT recommended screenings that can identify children who would benefit from issue-focused interventions (the focus of the metric) and that primary care providers could use to identify young children with social-emotional support needs, provide guidance and education, and refer to services.

Early learning providers and public health home visitors also have standard of care recommendations to screen and provide services within their non-CCO contracted provider roles. These providers may identify children who would benefit from issue-

focused interventions offered by CCO contracted providers (the focus of the metric), therefore playing a role in early identification and connection to issue-focused interventions provided by CCO contracted providers.

Social emotional needs and developmental delays are often difficult to tease apart in this population. Providers can refer to the American Academy of Pediatrics Bright Futures resources to support their practice and work with children 1-5.

16. Does OHA support training cohorts for evidence-based therapies beyond Parent-Child Interaction Therapy (PCIT)?

In addition to PCIT, OHA has and continues to support trainings for:

- Generation Parent Management Training Oregon model (GenerationPMTO)
- Child Parent Psychotherapy (CPP)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

For more information about these trainings, visit OHA's Early Childhood Mental Health and Training Opportunities webpages.

17. What social-emotional health services/interventions are available and appropriate for children ages 1-5?

A variety of social emotional interventions are available and appropriate for this age group and can count toward the quality metric.

The 2024 System-Level Social-Emotional Health Metric Specifications (Page 18) provides information on eleven evidence-based modalities, including their scientific rating, that represent a wide array of behavioral health services for young children.

OHA currently provides training and support for four of these modalities, including:

- Parent Child Interaction Therapy (PCIT)
- Generation Parent Management Training Oregon model (GenerationPMTO)
- Child Parent Psychotherapy (CPP)
- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) for 3- 5-year-olds.

Child-Centered Play Therapy (CCPT) and Child-Parent Relationship Therapy (CPRT) are also evidence-based interventions appropriate for this age group. OHA does not currently support trainings for these models, but CPRT does qualify for CPT code 90847 (play therapy). Refer to OHA's Early Childhood Mental Health webpage for more information about these interventions and trainings.

In determining the specific modalities to offer within both integrated behavioral health and specialty behavioral health settings, each community and agency should assess which services/interventions are a good fit for their program and populations served. Factors

such as community culture, workforce capacity, and agency structure should be considered when choosing an evidence-based practice.

CCO Contracted Providers in Non-Clinical Settings Questions

18. How do CCOs capture services delivered in the community/non-clinical settings?

The Social-Emotional Interventions for 1-5 quality metric is focused on social-emotional health interventions/treatment services provided within health care environments contracted by CCOs. Most of the intervention and treatment services included in the metric are provided by integrated and specialty behavioral health providers. Claims must be submitted through MMIS to count towards this metric.

Qualified community-based providers may be able to provide services included in this metric. A CCO can capture services in a community setting if the community-based provider is contracted with the CCO and enrolled through MMIS. Refer to the Coding and Billing Guidance document for more information regarding provider enrollment and certificates of approval (COA).

Community-based providers, such as Head Start, were included in the system-level social-emotional health metric activities around community engagement because they provided insight on the health care services needed once they identify children during their own screening efforts. They may also have providers in their systems who can provide issue-focused follow-up services and with whom the CCO may consider developing a contract to ensure they are part of the CCO covered network of services.

19. How do public health home visitors fit into this metric?

Home visitors provide case management services and may submit Medicaid claims for Targeted Case Management (TCM). Some direct services may be provided in these encounters that would apply to the issue-focused interventions/treatment services included in the Social-Emotional Interventions for 1-5 quality metric. Oregon Health Authority is currently working to develop guidance related to these scenarios.

Additional information regarding TCM can be found in the State Plan Amendment for Public Health Nurse Home Visiting Targeted Case Management (see page 8-9 for Definition of Services), OARs 410-138-000 through -0390 and OHA's Maternal and Child Health (MCH) Public Health Nurse Training and Resources webpage.

20. Is a Certificate of Approval (COA) required for social-emotional health providers to bill for services in Early Learning settings?

A COA is not needed in early learning settings for Community Health Workers (CHWs) or Peers so long as these provider types meet other requirements specific to their credential

as approved by the appropriate agency. If another type of provider is delivering services in an early learning setting and would like to bill Medicaid for payment, a COA may be needed.

Please refer to the Coding and Billing Guidance document for more information about COAs, billing and coding related to the quality metric. For more information about if a COA is needed, contact LCApplications@oha.oregon.gov.

21. Will there be a new provider type created for education department trained individuals to allow them to bill for social-emotional health services included in this metric?

There are no current plans to create a new provider type for education department trained individuals so they can bill for social emotional health services included in this metric. For providers employed by a Local Education Agency to bill for Medicaid services, the Local Education Agency they work for would need to be an enrolled Medicaid provider.

For more information about provider enrollment, billing and coding for the social emotional health services associated with this metric please see the Coding and Billing Guidance document.