

Trauma assessments

Summary: Trauma can affect many aspects of a child's life leading to secondary problems that negatively impact safety, permanency and wellbeing (peer relationships, problems in school, health-related problems, etc.). The Division of Family and Children Services (DFCS) has informed state child welfare stakeholders of the need to implement trauma-focused screening, assessment and treatment for children in foster care. The emotional wellbeing of children is of the utmost importance and is directly correlated to their ongoing safety and success of permanency plans.

Trauma assessment reporting

The trauma assessment determines the best type of treatment by identifying all forms of traumatic events experienced directly or witnessed by a child. In addition to the trauma history, trauma-specific evidence-based clinical tools assist in identifying the types and severity of symptoms the child is experiencing. Examples of evidence-based, trauma-specific clinical tools include the following:

- *UCLA Child/Adolescent PTSD Reaction Index for DSM-V*
- *Child PTSD Symptom Scale*
- *Trauma Symptom Checklist for Children (TSCC)*
- *Trauma Symptom Checklist for Young Children (TSCYC)*
- *Child Sexual Behavior Inventory*

The trauma assessment must provide recommendations and actions for DFCS to coordinate services to meet a child's needs. Behavioral health providers who conduct a trauma assessment must provide a report that includes:

- The trauma history, which informs the agency of information concerning any trauma the child may have experienced or been exposed to, and how they have coped with the trauma in the past and present.
- A standardized trauma screening tool.
- A summary and recommendations for treatment (if needed).

The inclusion of a trauma assessment as part of the *Comprehensive Child and Family Assessment (CCFA)* does not mean there will be situations in which other specialized assessments (psychological evaluations, psycho-sexual evaluations, psychiatric evaluations, neuropsychological evaluations, substance use assessments, psycho-educational evaluations, etc.) will not be warranted. If a psychological evaluation is determined to be needed, prior authorization by a participating and credentialed Amerigroup Community Care provider must be obtained before the assessment takes place.

The results of these assessment/screening tools will be incorporated into a structured report that will include the following components:

- Demographic data (name, date of birth, Amerigroup ID, etc.)
- Presenting history (a summary of the traumatic events that the member has experienced)

- Identification of the specific tool and its value as it relates to assessing trauma in youth
- Summary of the Child and Adolescent Needs and Strengths (CANS) assessment and action items from the CANS
- Summary of the assessment process (presented history, tool used and CANS)
- Recommendations based on the assessment process for ongoing needs of the member (what services would the member benefit from based on the assessment, individual and family therapy, medication management, supportive services, etc.)

All initial intake trauma assessments should be faxed to Amerigroup within three business days of completion at 1-888-375-5064. See template example attached to help structure development of the final *Trauma Assessment* report to be submitted to Amerigroup and DFCS as part of the completed CCFA.

Psychological evaluation

Per DFCS policy, psychological evaluations are not required for every child who enters care. However, the results of the trauma assessment may recommend a psychological evaluation. If so, the Social Services case manager (SSCM) should collaborate with the Georgia Families 360°_{SM} care coordinator to refer a child to a licensed evaluator. This licensed evaluator must submit prior authorization for any psychological evaluation; otherwise, Medicaid cannot be used to pay for the evaluation. Amerigroup will evaluate the medical necessity for the psychological evaluation based on the needs of the child and information already available.

Billing for a completed trauma assessment

In order to ensure the assessments have been completed, providers should code all **initial intake** trauma assessment examinations for **newly enrolling or re-enrolling** Georgia Families 360°_{SM} foster care members 5 years of age and older with the following code and modifier:

- H0031 plus provider descriptor (U3, U4, etc.) and TJ modifier.
- The TJ modifier **should not** be used for a standard behavioral health assessment.
- Only the actual number of units used to complete the face-to-face assessment should be billed.

If providers do not submit claims within 30 days of the service date using the correct procedure code (H0031) with the modifier (TJ), they will not be eligible to participate in the Amerigroup incentive program. Per DFCS policy, members who are 4 years of age or younger should obtain a developmental evaluation.

Value-based purchasing

Eligible participating providers may have the opportunity to earn an enhanced payment of \$50 per encounter for each member on a quarterly basis when the following inclusion criteria is met:

- Service completed within the established time frame of 15 calendar days for an initial intake trauma assessment performed on any newly enrolling or re-enrolling foster care member
- Required assessment elements identified for the required code(s) addressed in the medical documentation

- Established claims coding criteria met for billing of trauma assessment services under H0031 with modifier TJ and appropriate practitioner level modifiers
- Copy of visit records faxed to Amerigroup within three business days after service rendered
- Members excluded from eligibility for the initial trauma assessment incentive payment:
 - Members who are in secure placement such as residential youth detention centers or youth detention centers
 - Members who have been taken into custody but have not had a 72-hour court hearing determination made regarding their case

For 24-hour emergency assistance regarding mental health or addictive disease services, call the Georgia Crisis and Access Line (GCAL) at 1-800-715-4225.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

Intake Trauma Assessment

Demographic data	
Youth's name:	Date of birth:
Youth's Amerigroup Community Care ID:	
Youth's Medicaid ID:	
Youth's guardian:	
Guardian's contact information:	
Person completing assessment:	
Code billed: H0031 TJ	
Total units billed:	
History and assessment details	
Presenting history:	
Tool used for assessment purposes:	
CANS assessment summary:	
Summary of assessment:	
Recommendation based on assessment: <ul style="list-style-type: none"> • • • 	
Clinician signature:	
Credentials:	Date:

Step-by-step instructions

Youth's name: Print the name of the individual being assessed.

Date of birth: Print the date of birth of the individual being assessed.

Amerigroup Community Care ID: Print the member's unique Amerigroup identification number if one is known.

Medicaid ID: Print the individual's unique Medicaid number.

Youth's guardian/caretaker: Print the name of the individual's DFCS case manager.

Guardian/caretaker contact information: Print the name of the DFCS case manager's phone number and email address for follow up if necessary.

Person completing assessment: Print the name of the assessor completing the assessment for the providing agency.

Code billed: H0031 TJ is the correct billing code that should be used for the assessment process.

Total units billed: Provide the total number of units in 15-minute increments that were used to complete the assessment process.

Presenting history: In narrative format, provide details about the youth being assessed to include but not limited to:

- Why the youth is presenting for assessment.
- Collateral information to support reason for assessment.
- Details of history as provided by youth and collateral.

Tool used for assessment: In narrative format, provide information about the specific evidence-based screener/tool that was used during the assessment process. There are five tools that are evidence-based, and they are:

- *UCLA Child/Adolescent PTSD Reaction Index for DSM-V*
- *Child PTSD Symptom Scale*
- *Trauma Symptom Checklist of Children*
- *Trauma Symptom Checklist for Young Children*
- *Child Sexual Behavior Inventory*

Once identified, provide a brief synopsis of the tool and its relevance to assessing trauma in children. This information is a part of the selection and training process for each screener/tool.

CANS assessment summary: In narrative format, provide the action items from a completed CANS assessment.

Summary of assessment: In narrative format, provide the following in a concise manner:

- Summary of presenting history
- Identification of tool and results from tool selected
- Summary of action items from CANS

Recommendations based on assessment: In bulleted format, provide recommendations for the youth and their guardian based on the findings and implications of the assessment process. Be sure to include what services the youth may benefit from based on the findings of the assessment process. For example:

- Individual therapy to address specified symptoms
- Family therapy to address specified symptoms
- Medication management
- Psychological testing to assess differential diagnosing
- Skills-building services to address specific symptoms
- Specific trauma-informed modalities or interventions recommended for the member
- Signature of clinician completing the assessment, clinician's credentials and date