

Provider Update

Trauma Assessment Report Summary

Summary of change: Effective May 1, 2015, In accordance with the Division of Family and Children Services Child Welfare Policy 10.12, this format is required by the Implementation Team of Georgia Families 360°, which includes representatives from the Georgia Department of Community Health (DCH), the Division of Family and Children's Services (DFCS) and Amerigroup Community Care, to comply with Trauma Assessment requirements and expectations for youth entering into DFCS custody. This assessment is part of the Comprehensive Child and Family Assessment process and is completed within 15 days of the youth entering custody with DFCS.

✦ **What this means to you:** Providers will choose from one of five evidence-based screening tools in conjunction with a Child and Adolescent Needs and Strengths (CANS) assessment to better assess the impact of traumatic events on youth as they enter care through (DFCS).

A Trauma Assessment is conducted on new members who have entered the Georgia Families 360° program through foster care at the DFCS. The Trauma Assessment must be completed by a participating Amerigroup Behavioral Health provider who is trained in assessing youth for trauma. The provider will choose from one of five evidence-based tools to assess the impact of trauma. These tools are as follows:

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

A completed Trauma Assessment will have one of the trauma assessment tools and a CANS assessment completed for each child. The purpose of the CANS is to assist the clinician in finding actionable next steps for the Trauma Assessment recommendations section.

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

- Demographic Data (Name, DOB, 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 CANS assessment (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 for the member (what services would the member benefit from based on the assessment, e.g. individual and family therapy, medication management, supportive services, etc.)



Provider Update

Attached to this Provider Update is a template that will help structure the development of the final Trauma Assessment report to be submitted to Amerigroup and to DFCS as part of the completed Comprehensive Child and Family Assessment (CCFA).

Training: Each provider will need to attest that the person completing a Trauma Assessment is properly trained in the tool(s) selected and in assessing youth that have experienced trauma. Each trauma assessment tool and CANS have specific requirements associated with its usage to support the validity of the measurement process. Each provider must determine what tool and training technique best fits their particular clinical model and methods of practice.

DBHDD sponsors trainings regarding the CANS tools. Details about the training dates/locations and how to register are included in the online training announcements.

Registration is quick and easy online at <https://DBHDD.cvent.com/ANSACANS2015>.

A link to the announcement will be posted on the Department's training website at <http://dbhdd.georgia.gov/training-0>.

Registration questions? Please email DBHDDLearning@dbhdd.ga.gov.

This training is for clinicians/practitioners and will not be sufficient for clinical supervisors.

Additional information regarding the CANS can be found at www.praedfoundation.org.

Once the provider staff has completed training for the designated Trauma Assessment tool and CANS, a representative from the provider's office will complete a short survey found at www.myamerigroup.com/providers.

Billing for a completed Trauma Assessment: In order to ensure that these assessments have been completed, all providers should submit their claims using **H0031** as the procedure code. **H0031 is the only** code that should be used when Trauma Assessment services are rendered for newly enrolling Georgia Families 360° members.

What if I need assistance?

If you have questions about this communication, received it in error or need other assistance, contact your local Provider Relations representative at 1-678-587-4840 or call Provider Services at 1-800-454-3730.

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Trauma Assessment Report Summary Template

Demographic Data:

Youth's Name: _____ Date of Birth: _____

Youth's Amerigroup ID#: _____ Youth's Medicaid#: _____

Youth's Guardian: _____

Guardian's Contact Information: _____

Person Completing Assessment: _____

Code billed: H0031

Total Units Billed: _____

Presenting History:

Tool used for assessment purposes:

CANS assessment summary:

Summary of assessment:

Recommendations based on assessment:

Clinician Signature and Credentials: _____ Date: _____

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Trauma Assessment Report Summary Template

Step-by-step Instructions

Demographic Data:

Individual's Name: Print the individual's name that being assessed.

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

Individual's Amerigroup ID#: Print the member's unique Amerigroup identification number, if one is known.

Individual's Medicaid#: Print the individual's unique Medicaid number.

Guardian/Caretaker: Print the name of the individual's Division of Family and Children Services (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 is the correct billing code that should be utilized 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 is the youth presenting for assessment?
- Collateral information to support reason for assessment.
- Details of history as provided by youth and collateral.

Tool used during 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:

- The UCLA PTSD Reaction Index for DSM IV/V
- The Child PTSD Symptom Scale
- Trauma Symptom Checklist of Children

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- 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.

Child and Adolescent Needs and Strengths assessment summary:

In narrative format provide the action items from a completed Child and Adolescent Needs and Strengths (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 what symptoms?
- Family therapy to address what 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.

Provide signature, credentials and date of completed signature of clinician completing the assessment.

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