

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

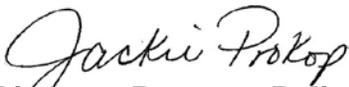
NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy and Health System Innovation

Project Number:	1640-EPSDT	Comments Due:	December 19, 2016	Proposed Effective Date:	February 1, 2017
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Mail Comments to: Matthew Hambleton
Bureau of Medicaid Policy and Health System Innovation
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979

Telephone Number(s): 517-241-7351 (Until November 30) **Fax Number:** 517-335-5136
517-284-1209 (Beginning December 1)

E-mail Address: HambletonM@michigan.gov

Policy Subject: Coverage of Trauma Services for Children Under 21 Years of Age

Affected Programs: Medicaid, Healthy Michigan Plan, MICHild

Distribution: Practitioners, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, Tribal Health Centers, Prepaid Inpatient Health Plans, Community Mental Health Services Programs

Policy Summary: Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and has lasting adverse effects on the child's functioning and physical, social, or emotional well-being. Early trauma experiences are related to increased rates of health problems in adulthood including obesity, cardiovascular disease, substance abuse, mental health problems, social risk factors, and poor health-related quality of life. Trauma-specific interventions should be identified to reduce the prevalence and consequences of trauma.

Purpose: The purpose of this policy is to provide for the coverage of trauma services for children under 21 years of age under the early and periodic screening, diagnosis and treatment (EPSDT) benefit.

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Practitioners, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, Tribal Health Centers, Prepaid Inpatient Health Plans, Community Mental Health Services Programs

Issued: January 1, 2017 (Proposed)

Subject: Coverage of Trauma Services for Children Under 21 Years of Age

Effective: February 1, 2017 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild

The purpose of this policy is to provide for the coverage of trauma services for children under 21 years of age under the early and periodic screening, diagnosis and treatment (EPSDT) benefit. Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and has lasting adverse effects on the child's functioning and physical, social, or emotional well-being. According to adverse childhood experiences (ACEs), adverse early trauma experiences are related to increased rates of health problems in adulthood including obesity, cardiovascular disease, substance use, mental health problems, social risk factors, and poor health-related quality of life. "Toxic stress" is described as a type of unremitting stress that ultimately compromises a child's ability to regulate their stress response system effectively and can lead to adverse long-term structural and functional changes in the brain and elsewhere in the body. Trauma-specific interventions should be identified to reduce the prevalence and consequences of ACEs and trauma. Trauma-specific interventions generally recognizes the following:

- The child's need to be respected, informed, connected, and hopeful regarding their own recovery;
- The interrelation between trauma and symptoms of trauma such as substance use, eating disorders, depression, and anxiety; and
- The need to work in a collaborative way with the child, family and friends of the child, and other human services agencies.

The primary care provider (PCP) should:

- Strengthen their provision of anticipatory guidance to support children's social-emotional-linguistic skills and to encourage the adoption of positive parenting techniques;

- Actively screen for precipitants of toxic stress that are common in their particular practices;
- Assess the child's exposure to trauma and risk of exposure to trauma using a questionnaire or screening tool. Screening tools are available through the American Academy of Pediatrics (AAP); and
- Identify (or advocate for the development of) local resources that address risks for toxic stress that are prevalent in their communities.

Providers may use current best practices to screen for precipitants of toxic stress. Examples of current trauma screening tools as indicated by the AAP include:

- Adverse Childhood Experiences Questionnaire (ACE-Q)
- Resilience Questionnaire
- Pediatric Intake Form

History of trauma may or may not be disclosed by the family or child. The PCP may need to ask about possible current or past exposure to traumatic events and assess for the child's safety. Questions may be targeted when there are unexplained somatic complaints or other indicators that may be associated with exposures to trauma or adversity. The PCP may consider asking the caregiver and/or child explicitly about the exposure to trauma. Providers may refer to the AAP for examples of questions to ask parent/caregivers. Examples include:

- "Has your home life changed in any significant way (e.g., moving, new people in the home, people leaving the home)?"
- "Do you have any concerns about your child's behavior at home, child care or school or in the neighborhood? Has your child's teacher mentioned any concerns?"
- "Many children are exposed to violence at home, in the neighborhood, at school or with friends. Do you think your child may have been exposed to violence?"
- "All children are exposed to stress. Sometimes stress can make a child sad or scared. Do you have any concerns about your child's stress?"

Examples of questions to ask the school aged child include:

- "Are you having any problems at home, at school, or in the neighborhood?"
- "Do you feel safe at home and/or at school?"
- "How do you deal with stress?"

Reimbursement

The PCP may bill for the trauma screening administered during a well child visit using the appropriate CPT codes for screenings/assessments for beneficiaries younger than 21 years of age. These CPT codes include:

- 99201 through 99205 for new patient office or outpatient evaluation and management (E&M) visits.
- 99211 through 99215 for established patient office or outpatient E&M visits.
- 99381 through 99385 for new patient initial comprehensive preventive medicine E&M visits.
- 99391 through 99395 for established patient periodic comprehensive preventive medicine E&M visits.
- 96127 for a brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument.

Referrals for Behavioral Health Services/Therapy

If the screening is positive, the PCP should refer the child to a mental health professional, trained to provide trauma assessment, treatment using a trauma-specific model, and/or support. Behavioral health services are a Medicaid covered service. Behavioral health services are covered by the local Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP) for the services included under the capitation payments to the PIHPs/CMHSPs. A limited outpatient benefit is covered for children enrolled in a Medicaid Health Plan (MHP) or through Fee-for-Service (FFS) Medicaid.

In general, MHPs are responsible for outpatient mental health treatment when the child is experiencing or demonstrating mild or moderate psychiatric symptoms or signs of sufficient intensity to cause subjective distress or mildly disordered behavior. For children not enrolled in an MHP, behavioral health services are covered through FFS Medicaid. Under the MHP, or through FFS, 20 combined outpatient behavioral health visits in a 12-month period are allowed. Under FFS, behavioral health services may be provided by a physician (MD or DO), psychologist, social worker or counselor.

In general, PIHPs/CMHSPs are responsible for outpatient mental health treatment for a child with a serious emotional disturbance as indicated by the diagnosis, intensity of current signs and symptoms, and substantial impairment in ability to perform daily living activities. The child may experience substantial interference in achievement or maintenance of developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. In addition, the PIHPs/CMHSPs may be responsible for outpatient mental health treatment when the child has been treated by the MHP or through FFS for mild/moderate symptomatology, the child has exhausted the 20-visit maximum for the calendar year, and additional treatment is deemed to be medically necessary. For children not enrolled in an MHP and for services not included in the capitation payments to the PIHP/CMHSP, behavioral health services are covered through FFS Medicaid. Refer to www.michigan.gov/traumatotoxicstress and to the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of the Medicaid Provider Manual for additional information. The Medicaid Provider Manual can be accessed on the Michigan Department of Health and Human Services (MDHHS) website at www.michigan.gov/medicaidproviders >> Policy and Forms.