Children with special needs may be coping with multiple diagnoses, which may have both physical and behavioral components. As a primary care provider, you play a crucial role in providing access to appropriate screenings and necessary treatment integration and supporting services for them. This toolkit includes behavioral health information and resources to support your plans of care for children who are UnitedHealthcare Community Plan members and require more complex care, including STAR Kids members.
A WORD ABOUT SCREENINGS

Early screenings allow for earlier treatment and referral to specialists which may help patients avoid more serious and increasingly complex behavioral health issues. The American Academy of Pediatrics (AAP) Bright Futures is considered the gold standard for behavioral health preventive screening recommendations for children and adolescents. Bright Futures recommends mental health screening at every medical checkup.

The screenings outlined in this toolkit are suggested for your consideration and are not meant as a substitute for your clinical assessment and judgment. You do not need to validate a referral for behavioral health care by doing a screening before referring. The Referrals section provides more details on how to refer a patient for assessment and treatment.

Exceptions for Children Diagnosed with a Behavioral Health Condition

If a patient has been previously identified with a behavioral health condition and is receiving treatment, the associated screening may not be necessary if properly documented. For example, if a child has been diagnosed with autism spectrum disorder (ASD) at age 15 months, screening is not required at ages 18 and 24 months.

Texas Health Steps (THSteps)

Mental health is one of the 6 required components that make up the annual THSteps medical checkup for children and youth through age 20 who are Medicaid members.

Mental health screening is required at each THSteps checkup and includes behavioral, social, and emotional development.

A mental health screening using one of the following validated, standardized mental health screening tools recognized by THSteps is required once for all clients who are 12 through 18 years of age:

- Pediatric Symptom Checklist (PSC-35)
- Pediatric Symptom Checklist for Youth (Y-PSC)
- Patient Health Questionnaire (PHQ-9)
- Car, Relax, Alone, Forget, Family, and Trouble Checklist (CRAFFT)
Infancy through age 11 months

The following screenings can help detect behavioral health or substance abuse issues in parents or caregivers that may, in turn, be risk factors for the developing child.

- **Patient Health Questionnaire (PHQ 9):** This nine-item patient self-survey can be used to screen parents for depression, including postpartum depression. This survey and instructions are available in many language translations from Patient Health Questionnaire Screeners.
  - PHQ9 (available in several languages)

- **Tolerance. Worried. Eye-opener. Amnesia. (K) Cut down. TWEAK** is an acronym for five symptoms that could indicate a substance abuse problem. This five-item interview is used to screen for alcoholism or heavy drinking.
  - TWEAK

- **Edinburg postnatal Depression Scale (EPDS):**
  This brief survey screens new mothers for postpartum depression. It can be scored by a care provider or other office staff.
  - EPDS: English
  - EPDS: Spanish
  - EPDS Instructions
Ages 9, 18 and 24 months; and 3 and 4 years

Developmental screenings, such as the following should be part of Texas Health Steps check-ups. In addition, children ages 3 years and younger who have special needs should be referred to Early Childhood Intervention to help ensure access to appropriate developmental care and a smooth transition later the school system.

• **Parents’ Evaluation of Developmental Status (PEDS):** This 10-item questionnaire focuses on topics such as eating, sleeping, vision and hearing to gauge parental concerns about development and health. It is appropriate for children through age 7 years. PEDS materials must be purchased from the PEDStest.com.

OR

• **Ages & Stages Questionnaires® Third Edition (ASQ-3™)** survey parents for developmental changes and behaviors expected at certain age milestones, through age 5 ½ years. Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2™) may be substituted for the ASQ-3 at checkups for ages 3 and 4 years. This version focuses on social and emotional development. ASQ questionnaires are proprietary and may only be obtained at AgesandStages.com.

• **The Modified Checklist for Autism in Toddlers (M-CHAT)** is a 23-item questionnaire that parents can complete in as little as five to seven minutes. The American Academy of Pediatrics recommends this screening at both 18 months and 24 months.
  - M-CHAT - English (PDF)
  - M-CHAT - Spanish (PDF)
  - M-CHAT - Scoring Instructions (PDF)
  - M-CHAT Follow-Up Interview
Ages 5 through 10 years

Targeted screening is recommended for children in this age range for attention deficient hyperactivity disorder (ADHD), anxiety, depression and conduct disorders.

• **Pediatric Symptom Checklist 35 (PSC 35):** This 35-response checklist is completed by the child's parents or caregivers to screen for cognitive, emotional and behavioral problems.
  - PSC 35: English
  - PSC 35: Spanish
  - PSC 35: Scoring Instructions

• **Pediatric Symptom Checklist 17 (PSC 17):** This shortened version of PSC 35 is even available in pictorial versions.
  - PSC 17: English
  - PSC 17: Spanish
  - PSC-17: Spanish with Symbols
  - PSC Pictorial Version: English
  - PSC Pictorial Version: Spanish
  - PSC 17: Scoring Instructions

• **Generalized Anxiety Disorder (GAD-7):** Initially developed to diagnose general anxiety disorder, this tool can also screen for panic disorders, social anxiety and post-traumatic stress disorder. Normally used for children who are 12 and older, this screener can be administered verbally during check-up. This survey and instructions are available in many language translations from PHQ Screeners.
  - PHQ9 (available in several languages)

• **Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS):** This tool screens for ADHD as well as oppositional defiant disorder, conduct disorder, anxiety and depression.
  - VADPRS: English
  - VADPRS: Spanish
  - VADPRS: Scoring Instructions

< Continued >
Ages 11 through 20

In addition to screening for cognitive, emotional and behavioral problems, you should also screen for substance use concerns.

- **Pediatric Symptom Checklist 35 Youth (PSC-Youth):**
  This version of the PSC 35 can be completed directly by most patients who are 11 and older.
  - Y-PSC: English
  - Y-PSC: Spanish

- **Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT):**
  This screening interview can be performed during the member's check-up to screen for substance-related risks and problems in adolescents.
  - CRAFFT Interview: English
  - CRAFFT Interview: Spanish
  - CRAFFT Interview: Chinese

- Additional substance use screeners, in both interview and handout self-evaluation format, are available at ProjectCork.org.

- **Pediatric Symptom Checklist (PSC-17):**
  A parent, guardian or member age 13 and over can answer these 18 questions. In Texas, it is approved for members age 12-18. This screener is a shortened version of the PSC-35. For scoring and discussion, go to Pediatric Symptom Checklist (Available in multiple languages).

- **Generalized Anxiety Disorder (GAD-7):**
  Initially developed to diagnose general anxiety disorder, this tool can also screen for panic disorders, social anxiety and post-traumatic stress disorder. Normally used for children who are 12 and older, this screener can be administered verbally during check-up. This survey and instructions are available in many language translations from PHQ Screeners.
  - PHQ9 (available in several languages)
Additional Screeners

The following screenings may be appropriate for certain patients:

• **Columbia Suicide Severity Rating Scale (C-SSRS):** Six questions assess a member’s risk for suicide. Even one affirmative response requires behavioral health intervention.
  
  – CSSRS.columbia.edu

• **Eating Attitudes Test (EAT-26):** This 26-item questionnaire assesses eating disorder risk in youth ages 14 to 20. While EAT-26 is available at no cost, permission is required to use this screening tool.
  
  – Eat-26

• **Screening, Brief Intervention, Referral to Treatment (SBIRT):** This self-report screening test is simple and can be given in a variety of settings – as part of a clinician interview, via a questionnaire or self-administered online. SBIRT targets individuals with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment.
  
  – SBIRT

Our service coordinators are licensed or registered nurses and social workers who conduct the following screenings as part of a member’s initial and annual assessment to determine eligibility for supportive services. The results are available in the CommunityCare member record. Sign into UnitedHealthcareOnline.com to access the CommunityCare application.

• **Children with Special Health Care Needs Screener:** This five-item screening tool identifies children with special health needs based on the definition provided by the federal Maternal and Child Health Bureau.
  
  – CAHMI: English
  – CAHMI: Spanish

• **Child Stress Disorders Checklist Short Form (CSDC-SF):** This four-item scale for children ages 2 through 18 measures traumatic stress responses in injured children.
  
  – CSDC-SF Screener
Special care should be taken for children who are 17 and younger and currently have or, at any time during the past year, had a diagnosed mental, emotional or behavioral disorder that meets the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and caused disruptions at home, school or other social situations. According to the National Mental Health Information Center (NMHIC), children with serious emotional disturbance (SED) need help as soon as possible, so care providers’ ability to recognize symptoms is crucial.

Approximately one in every four to five children and adolescents in the United States meets criteria for a mental disorder with severe impairment at some point in their lifetime. The likelihood that common mental disorders in adults first emerge in childhood and adolescence highlights the need for early intervention.

The median ages of onset for four categories of SED are:
- Anxiety disorders – 6 years
- Behavior disorders – 11 years
- Mood disorders – 13 years
- Substance use disorders – 15 years

The federal Individuals with Disabilities Education Act (IDEA) defines emotional disturbance as a condition that lasts a significant period of time and is characterized by:
- An inability to learn that cannot be explained by intellectual, sensory or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behavior or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems
Biological causes of SED include:

- Genetics
- In-utero exposure to toxins, alcohol, nicotine and other substances
- Damage to the central nervous system, such as a traumatic brain injury or infection

Environmental factors include:

- Exposure to violence such as witnessing or being the victim of physical or sexual abuse, drive-by shootings, muggings or other crimes
- Stress related to chronic poverty, discrimination or other serious hardships
- The loss of important people through death, divorce or broken relationships
- Exposure to environmental toxins such as high levels of lead
An authorization is not necessary from the primary care provider to an in-network specialist. Members may also self-refer to network care providers. A definitive diagnosis is not required. The behavioral health specialist will do a professional assessment.

**To refer a member for behavioral health assessment and treatment, call to speak with one of our customer service representatives 24/7 for behavioral health referrals.**

Getting Members the Care they Need

Please contact the member's service coordinator, either directly or by calling [phone number] to alert us to any change in a member's condition or circumstances so we can adjust their care plan as needed.

Extra Help for Appointments

Members who receive inpatient psychiatric services will be scheduled for an outpatient follow-up appointment prior to discharge. If a member misses a scheduled appointment, a behavioral health provider will contact them within 24 hours to reschedule the appointment.

Behavioral health services are delivered in the most appropriate, least restrictive settings and include outpatient services, intensive outpatient services, partial hospitalization and hospitalization.

Please call 888-887-9003.
It is the responsibility of both the primary care provider and the behavioral health specialist to coordinate the care of a member in behavioral health treatment. It is recommended that both communicate an initial report followed by quarterly updates, along with a more immediate communication when appropriate. Both parties must have signed member consent to release information.

We recommend that you and the treating behavioral health specialists send each other initial and updated summary reports of a member’s physical and behavioral health status.

**Helpful resources are available to you through ProviderExpress.com, including:**

- Our approach to recovery and resilience for substance use disorders
- Extra support through case management and personal engagement for members with complex needs
- Telemental Health, an option for members in rural areas or for whom transportation is difficult

**Online**

The best means of coordinating care is CommunityCare, our online care coordination tool. Go to UnitedHealthcareOnline.com and sign in to Link to access the application. CommunityCare is accessible by the entire care coordination team, including the primary care provider, member and family, the service coordinator and any specialists, including behavioral health specialists and long term services and support (LTSS) providers. CommunityCare supports confidential communication and sharing of reports. For more information, please contact your Physician Advocate or call our service coordination hotline at 800-349-0550. For STAR Kids, please call 877-352-7798.
STAR Kids Behavioral Service Benefits

STAR Kids Behavioral Health Service benefits include all levels of care for mental health and substance use disorders, including:

• **Inpatient mental health services** — may be provided in a free-standing psychiatric hospital in lieu of an acute care inpatient hospital setting

• **Outpatient mental health services**

• **Psychiatry services**

• **Substance use disorder treatment services**
  – Outpatient:
    • Assessment
    • Detoxification services
    • Counseling treatment
    • Medication-assisted therapy

• **Residential** — may be provided in a chemical dependency treatment facility in lieu of an acute care inpatient hospital setting:
  – Detoxification services
  – Substance use disorder treatment (including room and board)

• **Mental health rehabilitation services**

• **Mental health targeted case management** — members who have a history of mental health diagnosis to the point of having problems at home, school and other situations, may qualify for extra support. They may need help to access medical, social, educational, developmental and other appropriate services. Early Childhood Intervention case managers help identify member needs and work with the family to obtain necessary services. Case managers visit at the family home and follow up by phone. They also alert the member’s service coordinator to any changes in condition or circumstances that would require a change in service planning.

Continued >
### Telehealth

To accommodate our members who live in rural areas where it may be difficult to receive the care they need, we offer specialty consults through telemedicine technology. Prescribers use telecommunications, including interactive video conferencing and store-and-forward transmissions to provide medication management to children in school-based health centers. To access this service call 888-887-9003 and ask for Member Services.

If a member loses Medicaid eligibility, our service coordinators work with the family to connect them with local mental health resources for continued mental health services.

### Court-ordered admissions

Court-ordered inpatient admissions for members younger than age 21 are not subject to admission and length-of-stay requirements. A court order is considered sufficient evidence of medical necessity, and services are covered. An exception would be if the member is given the choice of court-ordered admission versus incarceration; we do not provide coverage for services that are paid for by a criminal justice agency.
A member could be seeing two behavioral health specialists: a therapist working with the member in a treatment environment and a psychiatrist to manage any psychotropic medication along with any necessary psychiatric hospitalization or inpatient rehabilitation. If no psychiatrist is treating the member, then the primary care provider is responsible for the member’s psychotropic medication management.

**ADHD Medication Management**

HEDIS® 2016 includes two measures for follow-up care for children ages 6 through 12 taking a new prescription for an ADHD medication:

- **Initiation phase:** At least one follow-up visit with care provider with prescribing authority during the first 30 days
- **Continuation and maintenance phase:** At least two follow-up visits within 270 days (9 months) after the end of the initiation phase

**Benefit Note Regarding ADHD Medications**

ADHD drugs are excluded from the requirement for Medicaid fee-for-service and the Children with Special Health Care Needs (CSHCN) Services Program. These drugs do not need to be exhausted by 90 percent of the prescribed amount before a Medicaid Vendor Drug Program participating pharmacy may refill a prescription or fill a new prescription for the same drug. Visit TXVendorDrug.com for a 90 percent utilization drug list.
Antidepressants Medication Management

Care providers should explain to members and their families that it may take 10 to 12 weeks to see the full effect of a medication and they should remain on the medication for at least six months to reduce the risk of recurrence and discuss any inhibiting side effects with you.

Antidepressant medication management includes the percentage of members who remain on an antidepressant:

- **Effective Acute Phase Treatment** — for at least 84 days (12 weeks)
- **Effective Continuation Phase Treatment** — for at least 180 days (six months)

Tips for Improving Antidepressant Medication Adherence

- Explain how antidepressants work, the benefits of antidepressant treatment and potential risks of sudden cessation.
- Emphasize the length of time it can take for medication to take effect.
- Identify ways of helping members cope with side effects.
- Discuss expectations about remission of symptoms.
- Encourage your patients to speak with you prior to making any changes to their protocol if they want to stop taking the medication or have any questions.

The following resources are available when treating our members:

- **The Texas Medicaid formulary and Preferred Drug List (PDL)**

  The Texas Medicaid formulary and PDL are available on Epocrates. The service is free and provides instant access to information through the internet or a handheld device about the products on the formulary. You can also view them at TXVendorDrug.com.

- **72-hour Emergency Prescriptions**

  A 72-hour supply prescription is available on a one-time basis when there is a need to start drug therapy without delay and prior authorization is not available. This rule applies to non-preferred drugs on the PDL and to any drug that is affected by a clinical or prior authorization edit.
MEDICATION MANAGEMENT: ADHD AND CLINICAL DEPRESSION

< Continued

• E-subscribing
  We encourage improved prescription accuracy and safety through electronic subscribing through Surescripts. We especially encourage electronic prescribing for controlled substances (EPCS).
  – GetEPCS.com
  – Getting Started with Electronic Prescribing of Controlled Substances

• Drug Prior Authorizations
  To see the full list of drugs that require an approved authorization prior to prescription along with necessary forms and procedures, please visit the Pharmacy Program at UHCCommunityPlan.com. The Pharmacy Help Desk is available for prescribers at 800-310-6826.

Psychotropic Medications

Please monitor our members for their compliance in using psychotropic medication as prescribed and for effectiveness.

Psychotropic Utilization Parameters for Foster Children
Screenings

Texas Health Steps (THSteps) requires the use of the following standardized developmental screening tools for children ages 9, 18 and 24 months and ages 3 and 4 years, or when a parent or care provider voices a concern. These developmental screenings can be reimbursed by Medicaid separately in addition to the annual wellness check-up.

- Ages and Stages, Third Edition (ASQ-3)
- Ages and Stages: Social Emotional (ASQ:SE)
- Parents’ Evaluation of Developmental Status (PEDS)
- Modified Checklist for Autism in Toddlers (M-CHAT)

As of Jan. 1, 2017, use procedure code 96160 or 96161 for mental health screenings when one of the validated, standardized mental health screening tools recognized by THSteps is used. These codes must be submitted on the same date of service by the same care provider as procedure code 99384, 99385, 99394 or 99395 and will be limited to once per lifetime. Care providers may be separately reimbursed when screening is completed using one of the required tools. The member’s medical record must include documentation identifying the tool that was used, the screening results and any referrals made.

Reimbursable screening tools may be used more than once, but the adolescent mental health screening is separately reimbursable only once for each patient.

Medication Management

Coding for Physician Medication Management

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<th>Procedure Code</th>
<th>Presenting Problem Severity</th>
<th>Minutes Spent With Member And Family</th>
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<td>Minimal</td>
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<tr>
<td>99212</td>
<td>Self-limited or minor</td>
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</tr>
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<td>99213</td>
<td>Low to moderate</td>
<td>15</td>
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<tr>
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</tr>
<tr>
<td>99215</td>
<td>Moderate to high</td>
<td>40</td>
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</table>

Continued >
One of the two medication management follow-ups in the Continuation and Maintenance Phase may be a phone follow-up to occur within 270 days (9 months) after the end of the initiation phase (30 days after prescription) and is reimbursable using any code between 98966 and 98968.

Providers who see children for follow-up visits after prescribing ADHD medications may bill for that service. The payable procedure codes for these visits can be found through the Texas Medicaid and Healthcare Partnership (TMHP) website search feature.
Clinical Resources:

- UnitedHealthcare Community Plan Clinical Practice Guidelines
- American Psychiatric Association Clinical Practice Guidelines for Bipolar Disorder, Schizophrenia, Depression, Substance Use Disorders: PsychiatryOnline.org/guidelines
- The American Academy of Pediatrics
- The Texas Department of Family Services on Psychotropic Medication Monitoring
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), edited by the American Psychiatric Association