



Amerigroup Georgia Families 360SM
Division of Family and Children Services (DFCS)
and the Department of Juvenile Justice (DJJ)

Quick Reference Guide



1-855-661-2021 (TTY 711)
www.myamerigroup.com/GA

DFCS and DJJ Quick Reference Guide



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Important contact information

Intake Line

DFCS/ DJJ staff may call the Member Intake Line 24 hours a day, 7 days a week to:

- Ask questions about benefits
- Find local support, like clothing, employment and more
- Change primary care providers (PCP) or primary care dentists (PCD)
- Talk to an Amerigroup care coordinator



DFCS/DJJ staff may contact the Member Intake Line by phone, fax or email.

- To reach the Member Intake Line by phone, call 1-855-661-2021 (TTY 711).
- To reach the Member Intake Line by fax, send a letter to 1-888-375-5064.



To reach the Member Intake Line by email, send a message to gf360@amerigroup.com.

Caregiver Help Line

The Caregiver Help Line is here to help members' foster parents and placement providers. They may call us at 1-844-355-1132 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m. Eastern time. Even if they call after hours, they can leave a voicemail and we'll call back within 48 business hours.

If a child stays in placement for 72 hours or has been adopted, call our Caregiver Help Line. Foster parents and placement providers may call this number to get help with:

- Scheduling appointments
- Connecting youth to needed services

A representative may ask for the member's:

- Name
- Date of birth
- Medicaid number
- Amerigroup ID number
- Names and phone numbers of his or her doctor and dentist
- Dates appointments were completed or scheduled
- Address to send gift cards (if applicable)
- Email address (if applicable)



Ombudsman Liaison — Member Advocate for Georgia Families 360°SM

The Ombudsman Liaison helps identify and resolve member issues. You can reach them by phone, fax or email.

- To reach the Ombudsman Liaison by phone, call 1-855-558-1436.
- To reach the Ombudsman Liaison by fax, send a letter to 1-888-375-5067.
- To reach the Ombudsman Liaison by email, send a message to helpOMB@amerigroup.com.



24-hour Nurse HelpLine

Our nurses are available 24 hours a day, 365 days per year, even on holidays. To reach them, call 1-800-600-4441 (TTY 711). They can tell members or their representatives:

- When to go to the doctor or emergency room
- What kind of care they need
- How to take care of themselves until they see their PCP
- If over-the-counter drugs can help them



Intake exam codes

When a member enters foster care, providers may use these codes for exams and appointments:

Preventive medicine services (on time)			
Code	Modifier	New or established patient	Age range
99381	EP	New	Under 1 year
99382	EP	New	1-4 years
99383	EP	New	5-11 years
99384	EP	New	12-17 years
99385	EP	New	18-39 years
99391	EP	Established	Under 1 year
99392	EP	Established	1-4 years
99393	EP	Established	5-11 years
99394	EP	Established	12-17 years
99395	EP	Established	18-39 years

Preventive medicine services (late)			
Code	Modifier	New or established patient	Age range
99381	EP and HA	New	Under 1 year
99382	EP and HA	New	1-4 years
99391	EP and HA	Established	Under 1 year
99392	EP and HA	Established	1-3 years

Newborn health exams		
Code	Description	Age range
Z00.110	Newborn health exams	Under 8 days old
Z00.111	Newborn health exams	8 to 28 days old
Z00.121 or Z00.129	Routine child health examination with abnormal findings	29 days and older

Dental services			
Code	New or established patient	Description	Age range
D0150	New or established	Comprehensive oral exam	1 year and older
D0120	Established	Periodic oral evaluation	1 year and older

Behavioral health services		
Code	Description	Age range
H0031TJ	*Initial intake trauma assessment	5 years and older

*Trauma assessments are only completed for DFCS involved youth.

New youth assessments

When youth first enter foster care, they should complete three assessments within a certain time frame:

Exam type	Time frame
Medical exam a.k.a. an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visit	10 calendar days
Dental exam	
*Trauma assessment by an Amerigroup behavioral health provider	15 calendar days

*Trauma assessments are only completed for DFCS involved youth.

How to get members their member ID card



ID cards are available online. Only legal guardians, DFCS and DJJ personnel can access the online system. DFCS/DJJ staff register their members and print ID cards for foster parents, placement providers and institutions. To get a member ID card:

- Go to www.myamerigroup.com/GA and log in (or register following the instructions on the screen)
- Go to Member ID Cards
- Print the card

New youth in foster care

When a child first enters foster care, remember to:

- Submit required paperwork for Medicaid eligibility as soon as possible (per agency policy)
- Submit an e-form to Amerigroup to tell us about the new member
- Respond to all Amerigroup communications so we can provide timely care



E-forms

DFCS and DJJ should submit e-forms to FCIntake@amerigroup.com. DFCS should submit the form telling us a new member entered care immediately after the dependency 72-hour hearing. DJJ e-forms for participating youth are completed by the Office of Federal Program staff.



The e-form tells us:

- When he or she entered into care
- His or her demographic information (address, age, date of birth and medical history)
- Current placement provider with contact information
- DFCS case manager and supervisor and DJJ community case manager and supervisor's information
- The member's diagnosis, medical needs and drug list
- When a member leaves care or is discharged
- Other referrals like Babies Can't Wait that have been completed

After you submit the first e-form, send all other e-forms within 24 hours of the change. Only send the demographic and updated information. The entire form does not have to be redone. At the top of the e-form, indicate the type of update/change that has been made.

Care coordination

What does an Amerigroup care coordinator do?

- Helps connect members to eligible services
- Helps close gaps in care for physical and behavioral health services
- Develops an individualized care plan to support the team in meeting the member's needs
- Teaches families and team members about how to manage the member's needs
- Participates in member-related meetings such as planning meetings and Local Interagency Planning Team (LIPT) meetings
- Facilitates family and team meetings to support collaboration in achieving success for the member

To talk with the assigned care coordinator, call our Member Intake Line at 1-855-661-2021 (TTY 711).

Trauma assessment

H0031TJ The trauma assessment is a required assessment when a new member 5-17 years of age enters foster care. It includes:

- Trauma history
- A scored trauma assessment tool (providers have a choice to use one of five evidence-based trauma tools)
- A Child and Adolescent Needs and Strengths (CANS) tool

Per DFCS policy, a psychological test isn't needed for placement reasons or to get behavioral health services. If a psychological test is requested for a youth entering foster care, please talk to his or her care coordinator.

Since trauma assessments are an important part of the Comprehensive Child and Family Assessment (CCFA), CCFA providers are encouraged to collaborate with the trauma assessment providers to obtain findings.

Trauma assessments are only completed for DFCS involved youth.

Dental services

Amerigroup works with DentaQuest to provide members' dental benefits. Members are eligible for dental services, like:



- Exams and cleanings every six months starting at age 1
- X-rays every six months until age 21. At age 21, X-rays are completed every 12 months.
- Fillings, extractions and other treatments, as medically needed
- Fluoride and sealant treatment

All Georgia Families 360°SM members have a primary care dentist (PCD). To help members find a dentist in their plan, visit www.dentaquest.com, or call 1-800-895-2218 (TTY 711).

Vision services

Amerigroup works with Avesis to provide members' vision benefits. Members may be eligible for these vision services every year:



- Routine eye exams
- Routine refractions
- Eyeglasses or contact lenses, as needed

Georgia Families 360°SM members don't need a referral to get vision services. To help members find an eye doctor, call Avesis at 1-866-522-5923.

Behavioral health and substance use disorder services



Many behavioral health (BH) services for members don't need preapproval. As soon as a child is eligible for Amerigroup benefits, they can get BH services. This is one of the most important reasons to quickly submit the Medicaid application and e-form. Some BH services may need preapproval. The most common BH services and requirements for preapproval are listed in the chart.

Prior authorization required

- Inpatient mental health
- Partial hospitalization
- Intensive outpatient program
- Chemical dependency services
- Residential treatment facility
- Psychological and neuropsychological testing
- Crisis stabilization services

Prior authorization not required

- Individual therapy (see note)
- Group therapy
- Family therapy
- Trauma assessments

Note: A prior authorization is needed after 20 sessions of individual, group and family therapy.

Pharmacy services

Amerigroup works with IngenioRX to provide members' pharmacy benefits. Here are some important things to know about member's pharmacy benefits:



- Pharmacy benefits pay for medically necessary prescription and over-the-counter drugs prescribed by a plan provider.
- To find out which drugs are included in their pharmacy benefits, members and providers should refer to our preferred drug list (PDL) at www.myamerigroup.com/Documents/GAGA_CAID_PDL_ENG.pdf.
- To ask for preapproval, doctors should call Provider Services at 1-800-454-3730.

Foster care placement

DFCS decides and makes sure youth are placed in a foster care home that fits their needs. DJJ decides and ensures placement for committed youth in nonsecure settings. Psychiatric Residential Treatment Facilities (PRFT) are for treatment and not placement.

Psychiatric residential treatment facilities/acute hospitalization

To be admitted to an acute hospital or PRTF using Amerigroup benefits, the youth must meet all of the following medically necessary criteria:

- He or she shows extreme symptoms and behaviors, including these behaviors that could cause serious harm:
 - Self-injury/self-harm
 - Risk taking that could lead to harm or injury of self or others (i.e., suicide attempt, homicide attempt, psychosis, medication stabilization, inability to be stabilized at a lower level of care)
- His or her behaviors can't be managed, for treatment purposes, outside a 24-hour structured setting or other outpatient setting
- The youth's current social setting makes treatment harder to complete
- The identified behavioral health symptoms could get better with treatment while the member lives in the facility
- There is a reasonable expectation that:
 - The member's illness, condition or level of functioning can get back to normal and get better
 - A short-term, subacute residential treatment will improve the behaviors and symptoms
 - The member will be able to go back to outpatient treatment

The length of stay at an acute hospitalization or PRTF is based on:

- Medical necessity (an ongoing review)
- How severe the illness is
- Whether or not one of the following scenarios occurs:
 - The member is making progress with psychiatric symptoms and behaviors **and** the member agrees to treatment and is meeting plan goals.
 - The member isn't making progress and the treatment plan is being re-evaluated and amended with goals that are still achievable.
 - The member isn't making progress being stabilized at a lower level of care (i.e. in the community with behavioral health services and supports in place).

Transition-age youth (TAY)

Teens who age out of foster care have two options for keeping their Medicaid benefits until age 26:

- **The Foster Care Independence Act** allows youth to keep Medicaid benefits from ages 18-21 through the CHAFEE program.
- **The Affordable Care Act** allows youth to keep Medicaid benefits until the last day of the month in which he or she turns 26. This is called former foster care Medicaid.

To keep their Medicaid, a youth must have both:

- Been a Medicaid member on their 18th birthday
- Aged out of foster care

Amerigroup does not handle Medicaid enrollment. To activate former foster care Medicaid, members must go to any Medicaid enrollment office.

Virtual Care Connection (VCC)

Video chat with our care coordinators! Virtual Care Connection (VCC) helps members and treatment teams connect without increased travel for members or caregivers.

VCC will let you connect with your assigned Georgia Families 360° Program Care Coordinator in a television-like way using your internet connected computer, tablet, or smartphone. The camera on your device allows you to see the person(s) in the meeting. VCC is easy to use and does not require special computer training or skills. For more information on the Virtual Care Connection, contact the Member Intake Line at 1-855-661-2021.

Nonemergency transportation (NET)



Youth and families can access transportation services to and from official medical appointments through nonemergency transportation. Call the Georgia Families 360°SM Member Intake Line at 1-855-661-2021 (TTY 711). Be sure to call at least three days before the visit. Tell them the time of the member's visit and where to pick him or her up. The transportation vendor for the region will call you back to give you a pickup time.

Other health insurance

Youth in foster care should never be charged a copay or other fee for using their Medicaid benefits. By law, Medicaid is always considered the last payer. This means that any other insurance plan will be primary (billed first) and Medicaid will be secondary (billed second, if any charges remain). Sometimes when youth enter foster care or are committed to DJJ, they're still on their parent's or another type of health insurance. Other times the youth's other health insurance may be inactive. If so, please contact his or her assigned care coordinator. We can help remove the inactive insurance from the member's record.

Medical administrative reviews

Members or their doctors may request medical administrative reviews when:

- We deny care or services
- They don't agree with our decision

The following individuals may ask for a medical administrative review:

- A legal guardian acting on behalf of a member under 18
- A member age 18 or older
- The provider (with written member consent)

They may submit a request by mail or phone:

- To request by mail, they may write to:
Medical Appeals
Amerigroup Community Care
P.O. Box 62429
Virginia Beach, VA 23466-2429
- To request by phone, they may call
1-855-661-2021 (TTY 711)



Grievances (complaints)

A grievance is an oral or written complaint about services or care received. Possible subjects for grievances include:

- Quality of care or services received
- Rudeness of a provider or employee
- Failure to respect a member's rights
- Other reasons (not related to approval or denial of services)

The foster parent, legal guardian, DFCS/DJJ representative or adult member may file a grievance by mail, phone or fax.

- To file a grievance by mail, they may write to:
Administrative Review and
Grievance Department
Amerigroup Community Care
740 W Peachtree St. NW
Atlanta, GA 30308-1199
- To file a grievance by phone, they may call
1-855-661-2021.
- To file a grievance by fax, they may send a letter
to 1-877-842-7183.

Value-added benefits (VABs)

Amerigroup offers extra benefits called VABs to its members. These include:

- **Free Boys & Girls Club membership** at a participating club for members ages 6 to 18 (not including summer camp)
- **Free round trip rides** to doctor visits
- **Weight Watchers®** meetings for members ages 10 and older
- **Free coupon booklet** with discounts to local and online restaurants and retailers
- **Free flu shots** at plan pharmacies
- **Taking Care of Baby and Me®** rewards program for pregnant members and new moms to support healthy pregnancies and healthy babies
- **Being Healthy Brings Rewards®** program offers rewards like children's birthday parties, gift cards, Wii™ gaming systems or iPod touch® media players to eligible members who get preventive care on time
- **GED exam voucher for all tests**
- **Marta Breeze pass or gas card** for members 18 and older enrolled in college
- **Free over-the-counter (OTC) medicines** with a prescription at plan pharmacies

For an updated list of VABs or for more information, call the Intake Line at 1-855-661-2021 (TTY 711).