

APPENDIX
INDEPENDENT ASSESSMENT CERTIFICATION AND
COORDINATION TEAM (IACCT)

Introduction

Each youth seeking admission to a Therapeutic Group Home (TGH) or Psychiatric Residential Treatment Facility (PRTF) will first receive the support of the local Independent Assessment, Certification and Coordination Team (IACCT) to assess the youth's needs. If the youth's primary diagnosis is a mental health diagnosis, please submit a Residential Inquiry form to Magellan of Virginia to begin the process. This form can be found on the Magellan of Virginia website, www.magellanofvirginia.com, in the Residential Program Process section.

The IACCT team will gather relevant information from which Magellan of Virginia will use to render a medical necessity determination.

Independent Assessment, Certification and Coordination Teams (IACCT)

CMS requires, per §441.153, that an independent certification team assess the needs of a youth to determine the appropriate level of care and, if appropriate, to certify medical necessity for residential treatment services. Membership and qualifications of the team are also stipulated in §441.153.

For individuals who are already eligible for Medicaid at the time of admission, the independent certification team shall be a DMAS-authorized contractor with competence in the diagnosis and treatment of mental illness, preferably in child and adolescent psychiatry, and have knowledge of the individual's situation and service availability in the individual's local service area. The team shall be composed of at least one physician and one LMHP, LMHP-R, LMHP-RP or LMHP-S. A youth's parent or legally authorized representative shall be included in the certification process.

Historically, DMAS has not required the certification teams to be enrolled providers and did not reimburse the certification teams for their services. Effective January 1, 2017 DMAS requires that all certification teams are credentialed and contracted with Magellan of Virginia in order to administer the independent certification process on behalf of DMAS. DMAS also allows localities to enter into a partnership agreement with DMAS to administer this process in collaboration with Magellan of Virginia. These certification teams are called the Independent Assessment, Certification and Coordination Team (IACCT) and the team will enhance the current certification process by:

- Ensuring care coordination and higher probability for improved outcomes;
- Following strict turnaround timeframes for assessing the need for treatment and level of care requirements;
- Accessing the established Medicaid grievance process as mandated by CMS;
- Ensuring freedom of choice in service providers as mandated by CMS; and

- Implementing Medical Necessity Criteria for all youth who request residential care.

All Medicaid-eligible youth must be referred to Magellan of Virginia who will make referral to the IACCT team for PRTF and TGH services. In addition, all inpatient providers and residential treatment providers must refer to Magellan of Virginia to initiate the IACCT certification process to assess and certify an appropriate level of care prior to being transferred to PRTF or TGH care from an inpatient setting. All IACCT decisions are due within 10 business days of the referral to Magellan of Virginia. A licensed mental health professional (LMHP), LMHP-resident (LMHP-R), LMHP-resident in psychology (LMHP-RP) or LMHP-supervisee (LMHP-S) who is part of the IACCT will conduct a diagnostic assessment through a face-to-face meeting and the IACCT will determine the appropriate level of care. The IACCT is essential in ensuring the most clinically appropriate, least restrictive setting, and that care is provided in a manner that best suits the needs of each youth and family. The IACCT will also ensure family engagement in the decision making process and throughout the course of treatment.

Magellan of Virginia's Role

The Magellan of Virginia certification and care coordination model, i.e., IACCT, will utilize a single team for the assessment of care needs and care coordination. Magellan of Virginia will support the IACCT through Magellan of Virginia employed positions including Residential Care Managers (RCM) and Family Support Coordinators (FSC).

The roles of these positions are described below:

Magellan of Virginia Residential Care Manager (RCM)

The RCM will notify the IACCT serving a locality of any youth from that locality referred to Magellan of Virginia for consideration of residential treatment.

In all circumstances, the RCM will:

- a) Support the IACCT process by facilitating the collection of required assessments and behavioral and physical health histories;
- b) Review the results from the assessments and recommendations of the IACCT and apply the established medical necessity criteria to determine Medicaid funding authorization; and
- c) If residential treatment is initiated, the RCM will provide continued oversight around:
 - Treatment plan of care development,
 - Progress toward treatment goals including CANS outcomes, and
 - Transition planning for return to the community. The RCM will remain involved with the IACCT following discharge as a coordination resource to ensure the outlined community plan with any necessary service authorizations is in place. In situations where

a youth transfers to another facility and an IACCT is not required, the RCM will alert the IACCT that the youth is at a new facility.

Magellan of Virginia Family Support Coordinator (FSC)

The FSC will perform outreach to the family or guardian to coordinate any face-to-face assessments, encourage and facilitate family engagement in any treatment option decisions, provide education for informed decision making regarding treatment, and offer any other support or assistance to the family throughout the course of treatment. The FSC's primary role is to provide support to the family, helping them to stay involved while their youth is in care and preparing for a successful reunification upon the youth's discharge.

IACCT Oversight and Support

Magellan of Virginia, as the DMAS Behavioral Health Administrator, will provide oversight to the IACCT process and facilitate implementation of best practices.

Magellan of Virginia will support the IACCT process through activities including:

- Ensure that all appropriate community services are explored in lieu of residential placement;
- Make the final medical necessity determination for residential placement;
- Handle all grievances and appeals per the established DMAS appeals process; and
- Provide freedom of choice of providers to youth and families.

IACCT Staffing Requirements

- Each IACCT team¹ will include at a minimum:
 - A LMHP, LMHP-R, LMHP-RP or LMHP-S who performs the required diagnostic assessment, i.e., psychosocial history. The LMHP, LMHP-R, LMHP-RP or LMHP-S will collect, review, and/or complete the Child and Adolescent Needs and Strengths Tool (CANS).
 - A physician, who either 1) actively sees this youth for medical care 2) can be accessed through the youth's managed care organization (MCO) or 3) is identified by the locality as physician willing to engage in this process with identified youth. Physicians engaged in this

¹ Team members may participate in person or by teleconference

process need to have knowledge of the service delivery system and are able to assess the youth's medical history and current status through either a face to face contact scheduled during the IACCT process or via their current health related knowledge of this youth including having seen the youth face to face in the last 13 months; and

- The youth and family/legally authorized representative who are active participants in the assessment and decision-making process.

It is expected that the team will also include representatives of local agencies and other supports involved in the youth's plan of care who will provide information to the team regarding the youth's service history and current level of functioning.

IACCT Required Activities

- Receive and respond to Residential Inquiry requests and IACCT Referrals from Magellan of Virginia of youth² to be considered for residential treatment services;
- Determine each youth's appropriate level of care and certify, as appropriate, the need for residential treatment services. Assessment must include psychosocial history, CANS, medical history and current status; and
- If the youth has had a CANS (including the Magellan CANS 1.0 or the Virginia CANS Comprehensive) completed within the last 30 calendar days, the LMHP, LMHP-R, LMHP-RP or LMHP-S can utilize this CANS for the assessment.

For **contracted IACCT providers** completing the VA CANS Comprehensive, the contracted IACCT provider LMHP, LMHP-R, LMHP-RP or LMHP-S must transfer the ratings to the Magellan CANS 1.0 system to submit the CANS 2016 Youth Report with the IACCT SRA.

- Adhere to IACCT procedures established by DMAS regulations, provider manuals, and Magellan of Virginia contractual agreements including:
 - Meet all specified timeframes;
 - Assess the youth and family's needs. If the LMHP, LMHP-R, LMHP-RP or LMHP-S determines that the youth is in immediate need for access to more intensive services, the youth shall be referred to an

² Each IACCT will receive referrals for a contracted catchment area. All youth shall be referred to the IACCT serving the city/county of the youth's legal residence.

- appropriate crisis intervention provider, crisis stabilization provider, inpatient psychiatric provider or referred for emergency admission to a PRTF or TGH for foster care youth. The LMHP, LMHP-R, LMHP-RP, LMHP-S shall coordinate with the youth's MCO as appropriate;
- Apply medical necessity criteria in accordance with DMAS regulations;
 - Ensure the youth is served in the least restrictive environment in accordance with the Department of Justice Settlement Agreement; and
 - Ensure family engagement throughout the assessment process. The youth and the youth's parent or legally authorized representative shall have the right to freedom of choice of service providers. If the youth or the youth's parent or legally authorized representative disagrees with the IACCT recommendation, the parent or legally authorized representative may appeal the decision.
- Assume responsibility for assessment of youth in inpatient facilities who are referred for consideration of transfer to a PRTF or TGH.³
 - The LMHP, LMHP-R, LMHP-RP or LMHP-S will assess the youth (expedited, if possible) through either a face-to-face or telemedicine contact. For youth who are currently in an inpatient setting where telemedicine is not available and distance is a barrier for the IACCT LMHP, LMHP-R, LMHP-RP or LMHP-S, a telephonic interview with the youth may be conducted while the IACCT LMHP, LMHP-R, LMHP-RP or LMHP-S conducts a face to face with the legal guardian.
 - The LMHP, LMHP-R, LMHP-RP or LMHP-S will coordinate with the inpatient facility to gather diagnostic and clinical assessments completed during the youth's inpatient treatment.
 - The LMHP, LMHP-R, LMHP-RP or LMHP-S will partner with the inpatient facility to complete the Certificate of Need (CON) with the facility physician and to make sure all viable options, including community based options, have been explored.
 - Participate in care coordination with Magellan of Virginia, the family, the youth's primary physician, the local CSB, the local DSS (as appropriate), the youth's school, and community-based service providers serving the youth and family.

³ As an alternative, the responsible IACCT may opt to coordinate with an IACCT in close geographic proximity to the facility to conduct the assessment.

- Ensure family engagement throughout the course of treatment.

IACCT Timeframes

1. When a residential inquiry is received by Magellan of Virginia, a Magellan of Virginia RCM will conduct the education session⁴ to the youth and the parent/legally authorized representative.
2. After all education sessions, the parent(s)/legally authorized representatives' wishes for community based services or for engaging in the IACCT process shall be documented. The parent(s)/legally authorized representatives' verbal response for community based services or engaging in the IACCT process shall be documented. Magellan of Virginia will initiate a referral to the identified locality partner or the contracted IACCT provider to begin the IACCT process.
3. The IACCT shall assess the treatment needs of the youth and recommend a level of care ***within 10 business days from the referral*** from Magellan of Virginia.
 - a. The LMHP, LMHP-R, LMHP-RP or LMHP-S will conduct the face to face assessment within two business days of the referral from Magellan of Virginia to begin the process to certify the need for an out of home placement.
 - b. If the youth and parent/legally authorized representative are unable to attend the face to face appointment ***within two business days***, the LMHP, LMHP-R, LMHP-RP or LMHP-S must notify the Magellan of Virginia RCM of this missed appointment and request a ***3 business day extension***.
 - c. ***Up to two 3 day extensions*** can be offered due to the youth and parent/legally authorized representative being unable to attend a scheduled appointment.
 - d. ***Up to two 3 day extensions*** can be offered for challenges engaging a physician in completing a review of a known client or face to face meeting with an unknown client and making CON recommendations.

NOTE: No more than a total of two "3 business day" extensions can

⁴ Education Session will ensure that the parent(s)/legally authorized representative(s) is aware of community resources and understands the IACCT process so that they can consider the least restrictive mental health services available that best meet the needs of their youth.

be given during the IACCT process which allows for a possible 16 business day timeline.

4. If the youth has been referred to community based service options via the IACCT process, the IACCT in collaboration with the youth's legal guardian will develop a community based plan of care.

For **contracted IACCT providers**, the Magellan of Virginia RCM will assist with a referral list for community providers and the RCM and FSC are available to the youth and legal guardian for up to 90 calendar days after the IACCT process is completed so that they can provide ongoing support and care coordination.

NOTE: In all cases, when the youth's legal guardian is the Local Department of Social Services (LDSS) all coordination will occur with the identified LDSS foster care worker as required by the court.

If a residential treatment level of care has been determined, then the following steps will occur:

- a. The CON shall be effective for **30 calendar days** prior to admission.
 - b. The IACCT shall provide the completed CON to Magellan of Virginia **within one calendar day** of completing the CON.
 - c. The IACCT shall provide the completed CON to the facility **within one calendar day** of the facility being identified.
5. If the youth has been authorized for residential treatment service options via the IACCT process and medical necessity determination, the RCM will provide a listing of credentialed residential facilities to the youth's legal guardian so that the legal guardian and youth can begin to make their selection of facility based care. The RCM will continue to engage in care coordination at a minimum of every 30 calendar days.

The RCM and FSC are available to the youth and family throughout the youth's placement in a PRTF or TGH.

When the youth is discharged from a TGH or PRTF, the RCM and FSC are available to the youth and (foster care worker) for up to 90 calendar days after discharge from a residential facility to provide ongoing support and care coordination.

6. If the youth receives residential treatment services, the IACCT LMHP, LMHP-R, LMHP-RP or LMHP-S will conduct a reassessment at 90 calendar days or earlier as deemed clinically appropriate. The 90 calendar day reassessment will include a CANS and a psychosocial addendum when there has been a significant life change for the youth or family. The reassessment process will include a review of CANS outcomes as it relates

to treatment recommendations via the completion of the Magellan of Virginia Re-Assessment Clinical CANS grid.

For **contracted IACCT providers**, the Magellan of Virginia System will produce individualized CANS outcome reports that the LMHP, LMHP-R, LMHP-RP or LMHP-S can utilize to complete the Magellan of Virginia Re-Assessment Clinical CANS grid.

For youth with a Certificate of Need (CON) completed prior to July 1 2017, Magellan will require the following from the PRTF or TGH provider when submitting a continued stay request:

- Youth connected with Children’s Services Act (CSA):
 - i. Service Authorization Request form (Continued Stay), Comprehensive Individual Plan of Care (CIPOC), Rate Sheet, Child and Adolescent Needs and Strengths Assessment (CANS); and
 - ii. Attach the CANS to the Facility Service Authorization Request Form.
- Youth not connected with CSA:
 - i. Service Authorization Request form (Continued Stay), CIPOC; and
 - ii. Continued stay criteria for these youth with a CON completed prior to July 1, 2017 shall be met as defined in the Criteria for Continued Stay sections for PRTF and TGH in Chapter 4 of the Residential Treatment Services Manual.

Exceptions to the IACCT Processes

Emergency Placements for Foster Care Youth

DMAS follows LDSS guidance on defining emergency placements for foster care youth. The emergency placements for both Medicaid eligible and non-Medicaid eligible foster care youth will be allowed to be admitted to a PRTF or a TGH immediately according to DSS protocol that will ensure all potential community placement options are not viable prior to placing a youth into services. Emergency admissions means admissions for youth in the custody of social services that are made when, pending a review for the certificate of need, it appears that the youth is in need of an immediate admission to a TGH or PRTF and likely does not meet

the medical necessity criteria to receive crisis intervention, crisis stabilization or acute psychiatric inpatient services.

The IACCT will receive notice of all emergency admissions from the PRTF or the TGH within five calendar days of admission to care or five calendar days from the date that Medicaid eligibility and coverage begins. For emergency admissions, the certification must be made by the team responsible for the comprehensive individual plan of care (CIPOC) within 14 calendar days after admission. These certifications of need for these emergency admissions shall be made by the team responsible for the CIPOC and the certification shall cover any period of time after admission and before for which claims are made for reimbursement by Medicaid. After processing an emergency admission, the PRTF or TGH shall notify Magellan of Virginia of the youth's status as being under the care of the facility within five calendar days.

The Facility will not receive DMAS reimbursement approval until the certification of need is received by Magellan of Virginia and assessed by the children's residential services care management staff. All reimbursement approvals will cover the dates of admission and afterward if the youth is Medicaid eligible at the time of admission and is referred to the IACCT within five calendar days of admission or within five calendar days of being determined eligible for Medicaid. Inquiries that are not submitted within the required timeframe will result in facilities not receiving DMAS reimbursement approval for the days prior to the submission.

Individuals Not Medicaid Eligible at Admission to Residential Treatment Services

For youth who apply and become eligible for Medicaid while admitted to a PRTF or TGH, the certification shall be made by the team responsible for the CIPOC and certification of need (CON), within 14 calendar days from admission. The certification shall cover any period of time before the application for Medicaid eligibility for which claims are made for reimbursement by Medicaid. The facility will not receive DMAS reimbursement approval until the certification of need is received by Magellan of Virginia and assessed by the children's residential services care management staff. All reimbursement approvals will cover the dates of admission and afterward if the youth is Medicaid eligible at the time of admission and is referred to the IACCT within five calendar days of admission or within five calendar days of being determined eligible for Medicaid.

All youth entering a PRTF or TGH utilizing private medical insurance who will become eligible for enrollment in Medicaid within 30 calendar days following the facility admission are required to have an independent certification of need completed by the team responsible for the plan of care at the facility. The certificate of need should be completed by the treatment team within 14 calendar days from admission.

The team responsible for the plan of care in TGH, at a minimum, shall include:

1. A licensed clinical psychologist and a physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases and a psychologist; and
2. The team shall also include one of the following: LMHP, LMHP-R, LMHP-RP or LMHP-S.

The LMHP, LMHP-R, LMHP-RP or LMHP-S must sign off on the CON for the TGH settings. Upon the youth's enrollment into the Medicaid program, the TGH shall notify Magellan of Virginia of the youth's status as being under the care of the facility within five calendar days of the youth becoming eligible for Medicaid benefits to begin the coordination and assessment process by the IACCT.

The team responsible for the plan of care in PRTF, at a minimum, shall include:

1. A Board-eligible or Board-certified psychiatrist; or
2. A licensed clinical psychologist and a physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases and a psychologist; and
3. The team shall also include one of the following: LMHP, LMHP-R, LMHP-RP or LMHP-S.

The Psychiatrist must sign off on the CON for the PRTF settings. Upon the youth's enrollment into the Medicaid program, the PRTF shall notify Magellan of Virginia of the youth's status as being under the care of the facility within five calendar days of the youth becoming eligible for Medicaid benefits to begin the coordination and assessment process by the IACCT.

Inpatient Transfer to Residential Services

1. Upon a youth's admission to an inpatient facility, the facility will assess for viable discharge treatment options and develop an initial discharge plan.
2. If residential services are recommended as an option for the discharge plan, the inpatient facility will submit an online residential inquiry form to Magellan of Virginia within one business day. Alternatively, for children not enrolled in a MCO, this form can be completed telephonically with Magellan of Virginia during a concurrent review.
3. When the legal guardian gives permission to move forward with the residential referral, Magellan of Virginia will contact the IACCT LMHP, LMHP-R, LMHP-RP or LMHP-S to begin the IACCT assessment process. The IACCT LMHP, LMHP-R, LMHP-RP or LMHP-S will schedule a face-to-face or telemedicine assessment (expedited, if possible), and will coordinate with the inpatient facility to gather any diagnostic and clinical assessments that were completed during the youth's inpatient treatment.

4. If the youth is clinically stable enough to return to the community during the IACCT assessment process, the inpatient facility will arrange community-based services to maintain member's stability during IACCT process.
5. If the youth is not clinically stable enough to return to the community during the IACCT assessment process, the inpatient facility will complete the certificate of need and engage in an acute discharge planning process.

Effective July 10, 2019, an IACCT is no longer required to be completed in the following situations:

1. The youth is transitioning to a TGH from PRTF. The IACCT process is not required if the PRTF is willing to complete and sign the CON indicating a TGH is necessary and the youth goes directly to the TGH. The IACCT process will be required if the PRTF does not support the discharge to a TGH or is unwilling or unable to complete and sign the CON. If the PRTF completes the CON, the PRTF shall forward the CON to the TGH. The TGH is required to submit the CON at the Initial Service Request Authorization (SRA)
2. The youth is transitioning to another provider of the same level of care within 30 calendar days of the original CON. If a youth is admitted to a PRTF or TGH after completing the IACCT process and transfers to another provider of the same level of care within 30 calendar days of the CON being signed, an IACCT is not required. The CON must be dated within 30 calendar days of the new admission.
3. The youth transitions from a PRTF or TGH to psychiatric inpatient and back to the same level of care within 30 calendar days of the original CON being signed. If a youth is admitted to a PRTF or TGH after completing the IACCT process and transitions to psychiatric inpatient, a new IACCT is not required if the youth transitions back to the same level of care (PRTF or TGH) within 30 calendar days of the original CON being signed. The youth must transition back to the same level of care initially recommended by the IACCT but does not need to transfer back to the same provider.

Transition between PRTF or TGH and ARTS Residential

If the youth is in a PRTF or TGH and it is determined that Addiction and Recovery Treatment Services (ARTS) Residential services are needed, please notify the Magellan of Virginia RCM who will assist with identifying appropriate ARTS resources for the youth.

If the youth is in an ARTS Residential facility and needs to transition to a PRTF or a TGH, please submit an IACCT Inquiry form as soon as the need is identified.

Additional information about the IACCT process is available on the Magellan of

Virginia website at: <https://www.magellanofvirginia.com/for-providers/residential-program-process/>