Independent Assessment, Certification and Coordination Team (IACCT)

Child Behavioral Health Division
Center for Children and Families
Department of Community and Human Services

Slide Update: April 5, 2019
Effective July 1, 2017, The Alexandria DCHS Independent Assessment, Certification and Coordination Team (IACCT) is responsible for assessing, certifying and coordinating referrals for placement of youth under 21 into psychiatric congregate care facilities; This includes:

- Psychiatric Residential Treatment Facilities (PRTF), and
- Therapeutic Group Homes (TGH)
The Alexandria Policy and Management Team (ACPMT) adopted the Medicaid IACCT process for all youth in need of CSA-funds for residential treatment

- Equal access
- Efficiency

Medicaid only covers a portion of funding for residential treatment

CSA covers 100% cost for youth without legal status
ACPMT Identified the DCHS Child Behavioral Health to lead the IACCT process instead of using a private provider:

- Maximize collaboration
- Experience with similar process
- Ensure thorough assessment
- Cost containment
- Quality control
Coordinated by licensed clinicians from the Community Wraparound Team (CWT), with backup from the Youth and Family Team

Includes support from other professionals on those teams, the family, a physician, and professional and natural supports

Team provides clinical recommendations to Medicaid and FAPT for consideration of funding
There must be a positive response to all three questions:

1. Ambulatory care resources (all available modalities of treatment less restrictive than inpatient treatment) available in the community do not meet the treatment needs of the member

2. Proper treatment of the recipient’s psychiatric condition requires:
   - Services on an inpatient basis under the direction of a physician (for PRTF) or
   - Clinical management of symptoms with services provided in a community-based residential program (for TGH)

3. The services can reasonably be expected to improve the recipient’s condition or prevent further regression so that the services will no longer be needed
All six factors must be met for PRTF placement:
- Clinical evidence of DSM-5 disorder that is amenable to active psychiatric treatment;
- High degree of potential for acute psychiatric hospitalization in absence of residential treatment;
- Due to mental disorder, either risk to self or others, or inability to care for self and caretakers can’t satisfy needs;
- Requires 24/7 supervision to develop skills to live outside of residential setting;
- Current living situation doesn’t provide support & access to services; and
- Patient is medically stable

Therapeutic Group Home placement is a similar. Criteria is located on Magellan website
Legal guardian or provider contacts DCHS Youth Behavioral Health Central Intake 571.213.7963; DCHSYouthIntake@alexandriava.gov; 1-business day response
  - For youth with Medicaid and no primary Substance Use need: Legal guardian simultaneously submits the IACCT Residential Inquiry Form

The IACCT LMHP or Magellan Residential Care Manager (RCM) will contact the legal guardian within 5-business days to educate about community resources.
  - If Magellan is involved, then the IACCT Team cannot accept referral until it is forwarded from the RCM

Once an IACCT referral is accepted, it will take between 10 and 16 days to determine recommendations
  - Range is due to two possible 3-day extensions for family or physician engagement

Unsure about making a referral? Call or email Youth Central Intake for consultation
IACCT Process

- 10-business day timeframe begins the business day after IACCT referral is accepted

- During timeframe IACCT Team:
  - Obtains releases & gathers information from providers
  - Arranges psychiatric assessment & consults with doc
  - Schedules recommendation meeting
  - Meets face-to-face with family within 2-business days of referral
  - Completes CANS (if no FAPT CM)
  - For Medicaid non-SA IACCT only: provides initial recommendations to Magellan within 1-business day of face-to-face
To ensure a quality assessment, the IACCT process includes all involved professionals

- Providers send all relevant information (assessments, reports, etc.) to the IACCT Team within 1-business day of request
- Providers support family engagement in the IACCT process
- FAPT Case Manager completes CANS if there isn’t one from last 30-days
- FAPT Case Manager contacts CSA office for next available FAPT to hear IACCT recommendations
In advance of meeting:
- Final report is reviewed with family
- Recommendations provided to involved professionals; full report upon request

Discussion at recommendations meeting may impact recommendations: in some foster care situations Magellan supported residential placement although IACCT recommended community-based plan
Community Based Plan
- ICC/HFW referral is automatically accepted by DCHS CWT
- FAPT reviews IACCT recommendations, including ICC/HFW

Residential Treatment
- ICC/HFW referral is automatically accepted by DCHS CWT
- FAPT reviews IACCT recommendations, including ICC/HFW
- ICC coordinates placement in collaboration with family, system partners and Magellan Residential Care Manager (for Medicaid placements)

ICC: Intensive Care Coordination
HFW: High Fidelity Wraparound
CWT: Community Wraparound Team
IACCT NOT needed for approval of INITIAL placement:
- Youth in foster care who are placed according to Emergency Placement by DCHS/Foster Care
  - This is independent of the IACCT process
  - Details on next slide
- Youth who are 100% privately funded
  - Note: after 30 days, youth with legal status in residential treatment become eligible for Medicaid; once eligibility is obtained, an IACCT will be initiated.

Details in Magellan’s IACCT Retro Special Considerations document
Special Consideration: Foster Care Emergency Placement:
10-business day IACCT/14-day CSA

- FAPT CM (Foster Care Worker) immediately:
  - Submits IACCT Inquiry form to Magellan, indicating that this is an emergency placement; follows up with email to TWilson5@magellanhealth.com and TPVanRossum@magellanhealth.com alerting them of Emergency Placement
  - Responds to Magellan’s outreach for phone conversation (referral can’t move forward without it); PLEASE PUT YOUR CELL PHONE ON INQUIRY FORM
  - Emails Emergency Placement (EP) to dchsyouthintake@alexandriava.gov

- The IACCT begins no later than the business day after receipt of EP form

- Foster Care Worker is available for interview and provides documentation relevant to assessment within two-business days of sending EP form (i.e., if form is sent on Monday, no later than Wednesday)

- Because FAPT is scheduled on Tuesdays and the IACCT team relies on the availability of others to complete the assessment; there may be cases when IACCT is not available within the 14-day CSA timeframe
IACCT can take place if a child is being held for care, protection or best interest (in ShelterCare or Detention) – this requires an email attestation from the probation officer.

IACCT cannot take place if a child is being held for criminal activity, whether prior to or after court disposition – in these cases, initiate IACCT upon release.

Other Special Considerations

- Transitions between PRTF and TGH require an IACCT
  - Contact DCHSYouthIntake@alexandriava.gov as soon as you think this may be needed

- Inpatient psychiatric hospitals can make IACCT referral
  - Details in the *Inpatient Special Considerations for the IACCT Residential Inquiry Process*
IACCT reassessment is required at least every 90-days (earlier, as needed):
- FAPT CM coordinates with IACCT/ICC LMHP to complete CANS
- IACCT LMHP submits psychosocial addendum and CANS to Magellan in advance of 90-day requirement
- IACCT LMHP submits psychosocial addendum to FAPT Case Manager in advance of 90-day FAPT review meeting
- IACCT/ICC LMHP attends 90-day FAPT review meeting
Appeal Process

- Magellan and FAPT make funding decisions based on the IACCT assessment
- If legal guardian doesn’t agree with Magellan’s decision: Contact Magellan Residential Care Manager assigned to the case
- If legal guardian doesn’t agree with FAPT’s decision:
  - Contact the ACPMT Chair in writing within 10 days
  - Call CSA office for more details: 703.746.5785
- https://www.magellanofvirginia.com/for-providers/residential-program-process/
  - IACCT Inquiry form
  - IACCT Retro Special Considerations
  - IACCT Psychosocial Assessment and Reassessment forms
  - Updated CANS Reassessment Provider Notice
  - Inpatient, Foster Care and Retro Special Considerations
  - CONs for Psychiatric Residential Treatment Facility and Therapeutic Group Homes
  - Residential Services for Substance Use and Behavioral Health
  - Changes to Residential Treatment Services

- Medical Necessity Criteria: https://www.magellanofvirginia.com/for-providers/provider-tools/magellan-medical-necessity-criteria/

- Magellan Family Support Coordinator (FSC) with lived experience as the parent of a child receiving behavioral health services available upon request from Magellan
Go to https://www.alexandriava.gov/DCHS

- Select Center for Children & Families
- Select Independent Assessment, Certification and Coordination Team (IACCT)
- Click on Alexandria IACCT Flow Chart
  - Best to read on screen (can magnify)
  - If print, then set to print to actual size & set page size to landscape and legal
We all want what’s best for our kids
Our work is emotional and challenging
Our families need us to work together
When an issue comes up – please raise it directly and with curiosity & kindness, appreciating that there are likely good reasons and that everyone makes mistakes sometimes
If there is a pattern of issues, please bring them to our attention: sinae.choi@alexandriava.gov or tricia.bassing@alexandriava.gov
Let’s each ask, “What can I do to make IACCT a meaningful process for youth and families?”
Email questions to:
- tricia.bassing@alexandriava.gov
- sinae.choi@alexandriava.gov

This presentation and referenced materials, are available here: https://www.alexandriava.gov/DC HS, select Center for Children & Families, select IACCT