

*Alexandria Community Policy and Management Team*

<b>POLICY  AND  PROCEDURE</b>	<b>TITLE:</b> <b>INDEPENDENT ASSESSMENT, CERTIFICATION and COORDINATION TEAM (IACCT)</b>	<b>POLICY NUMBER: 13</b>
	<b>APPROVED:</b> <i>Mike Mackey</i> <small>Mike Mackey (Sep 29, 2020 10:34 EDT)</small> <b>ACPMT Chairperson</b>	<b>CHAPTER:</b>
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		<b>EFFECTIVE: 07-01-17 REVISED: 09-23-2020</b>

**I. PURPOSE:**

To define a means whereby the Alexandria Community Policy Management Team (ACPMT) coordinates with the Department of Community and Human Services/Alexandria Community Services Board (CSB) Independent Assessment, Certification and Coordination Team (IACCT) for assessment and recommendations of congregate care placements seeking CSA funding.

**II. AUTHORITY:**

Section 2.2-5206 (8) of The Code of Virginia, 1950, as amended provides the ACPMT authority to establish policies and procedures for the obligation of CSA funds. Virginia Department of Medical Assistance Services (DMAS) Residential Treatment Services Manual provides DMAS/Magellan, through the IACCT process, authority to obligate Medicaid funds to pay for covered components of such placements.

**III. POLICY:**

It shall be the policy of the ACPMT to support the Alexandria CSB Independent Assessment, Certification and Coordination Team (IACCT) for assessing, certifying and coordinating youth referrals for placement into Psychiatric Residential Treatment Facilities (PRTF) or Therapeutic Group Homes (TGH). This is for all youth, whether they are eligible for Medicaid or not. The appropriate level of care for all youth is recommended by the IACCT. Funding is determined by Magellan and/or FAPT.

**IV. PROCEDURES:**

1. When a provider or parent/legal guardian believes placement in a Psychiatric Residential Treatment Facility (PRTF) or Therapeutic Group Home (TGH) is needed for a youth:
  - a. For Medicaid eligible youth the parent/legal guardian completes the online referral form, “Residential Inquiry”, located on the Magellan of Virginia Website.
    - i. Within five (5) days of receipt of the form the Magellan Residential Care Manager (RCM) contacts the guardian, provides education regarding community services, and contacts the IACCT when there is a residential referral.
    - ii. While not required, ACPMT recognizes that it is best practice for providers to contact the IACCT for consultation via DCHS Behavioral Health Youth Intake at 571.213.7963 or [DCHSYouthIntake@alexandriava.gov](mailto:DCHSYouthIntake@alexandriava.gov).

- b. For non-Medicaid eligible youth the parent/legal guardian complete the online referral form, “CSA Residential Inquiry,” located here: <https://www.alexandriava.gov/dchs/childrenfamily/default.aspx?id=101068>. Once submitted, this form goes directly to the IACCT. Within five (5) days of receipt of the form the IACCT contacts the guardian, provides education regarding community services and initiates the IACCT as requested.
    - c. The IACCT identifies the FAPT Case Manager and together they determine the date for FAPT review of IACCT Assessment and Recommendations. The FAPT Case Manager requests that date via the CSA office.
    - d. If there is no FAPT Case Manager involved with the family or if Child Welfare is involved and it is a Parental Agreement (per ACPMT Policy #16), the CSB provides one that is funded as Case Support via CSA
- 2. The 10-16 business days IACCT process begins the next business day after acceptance of IACCT referral.
  - a. Elements of the IACCT Assessment include: face-to-face (in person; telehealth or telephone if in person access not possible) interview of child, interview of legal guardian, record review, contacting collateral providers, completion of Child and Adolescent Needs and Strengths (CANS), physician engagement, completion of psychosocial assessment with recommendations.
  - b. A Certificate of Need (CON) justifying medical necessity is required to place a child in residential treatment.
    - i. If IACCT Assessor and the physician both support residential placement, they both sign the CON.
    - ii. If IACCT Assessor, physician and/or legal guardian are in disagreement with the recommendations, , a Recommendations Meeting is held (see section IV.3.); Magellan makes the decision for Medicaid-eligible children and FAPT makes the decision for CSA-only (non-Medicaid eligible) children.
    - iii. In circumstances where Magellan or FAPT decide on residential placement when the IACCT Assessor recommends a community-based plan, the FAPT Case Manager identifies a physician who has seen the child in the prior 12-months to provide the CON; if over 12-months then the child must be seen face-to-face.
- 3. A Recommendations Meeting is required when the IACCT Assessor, physician and/or legal guardian do not agree in their recommendations.
  - a. For Medicaid eligible youth:
    - i. Required members include Magellan Residential Care Manager (RCM), legal guardian, IACCT assessor and physician (in person or by providing recommendations in writing); child is always invited
    - ii. A final decision is made by Magellan at this meeting, unless RCM determines need for supervisor review
  - b. For CSA-only (non-Medicaid eligible) youth:
    - i. Required members include FAPT CM, legal guardian, IACCT assessor and physician (in person or by providing recommendations in writing); child is always invited
    - ii. A final decision is made by FAPT at the scheduled FAPT meeting

4. Because of the urgency and time frame for this process, the IACCT obtains releases of information within two (2) business days of referral receipt. Service providers involved with the child provide information requested within one (1) business day of request from IACCT. ACPMT members ensure their respective agency teams are aware of this system's requirement.
5. For Medicaid eligible youth in need of funding for residential treatment expenses not covered by Medicaid, the FAPT Case Manager may request CSA funding via FAPT.
6. Given that IACCT is a requirement of CSA and the urgency and time frame for this process, CSA-funded IACCTs and case support for IACCTs when there is no alternative FAPT case manager are pre-approved for payment. FAPT Case Managers *do not* need to go to FAPT for funding for these services.
7. Youth referred to IACCT are referred to the Alexandria Department of Community and Human Services (CSB) Child and Family Behavioral Health Services (CFBHS) for Intensive Care Coordination (ICC), following ACPMT Policy #22.
8. For youth placed in a PRTF or TGH, the IACCT completes a re-assessment every 90-days in consultation with the ICC provider. The IACCT Assessor provides the FAPT Case Manager with a letter that mirrors content in the Magellan re-assessment form.

#### *SPECIAL CONSIDERATIONS*

1. *Foster Care, Emergency.* Children in the custody of LDSS who are in immediate need of placement and who do not meet the criteria to receive crisis intervention, crisis stabilization or acute psychiatric inpatient services may require emergency placements in in a Psychiatric Residential Treatment Facility or Therapeutic Group Home. These are defined in the DMSAS regulations as "emergency admissions" or "placements". Such "emergency placements are authorized under the CSA (2.2-5209) for up to 14 days at which time the "routine" FAPT and CPMT approval processes must occur. The circumstances under which the LDSS initiates an emergency placement or admission are the same as under current CSA and LDSS practice. Emergency placements in residential facilities for children in foster care must be an action of last resort after other less restrictive placements are explored and ruled out.

According to 12VAC30-50-130, the Certificate of Need (CON) for such emergency admissions are completed by the facility-based team responsible for the child's plan of care within 14 days of admission and submitted to Magellan. Within five (5) days of admission the facility notifies Magellan and supports the parent/legal guardian in submitting the IACCT Residential Inquiry Form to Magellan. If the IACCT determines medical necessity the facility-based team provides. If the IACCT and Magellan determines there is no medical necessity the LDSS Family Service Worker will seek full payment of placement through CSA via FAPT.

When placement will take place 14 days or longer after identified need, follow the IACCT procedure outlined in this policy. If less than 14 days, the facility will trigger the IACCT once the child is placed. If FAPT Case Manager is uncertain, contact the IACCT for consultation via

DCHS Behavioral Health Youth Intake at 571.213.7963 or [DCHSYouthIntake@alexandriava.gov](mailto:DCHSYouthIntake@alexandriava.gov).

2. *Individualized Education Plan (IEP)*. Children placed in Psychiatric Residential Treatment Facilities due to this setting being specified as the Least Restrictive Environment (LRE) on their Individualized Education Plan (i.e., an IEP Residential placement) shall have CSA funding of such placements according to ACPMT Policy #24. The parents/legal guardian must request an IACCT as per policy. No parental contribution will be assessed for these placements.
3. *Children in DJJ Custody*: If a child is under DJJ custody in Juvenile Detention an IACCT request will *only* be accepted when a court order indicates that the child is being held for safety. This is consistent with regulation 12VAC30-40-10 #5 and the Medicaid Eligibility Policy Manual: M0280.300 INMATE OF A PUBLIC INSTITUTION.
4. *Parental Agreement*. All children under custody of their parents who meet medical necessity as determined by IAACCT must also meet eligibility for the Parental Agreement as outlined in ACPMT Policy #16. Likewise, CSA Parental Agreements for residential placements for Medicaid-eligible children are contingent upon determination of medical necessity by the IACCT and approval for Medicaid funding for applicable components of the placement (i.e., treatment and room and board). Parental contribution is assessed and collected for these placements. If there is no FAPT Case Manager involved or if Child Welfare is involved, the CSB provides a FAPT Case Manager that is funded as Case Support via CSA.
5. *Private Insurance*. Individuals entering psychiatric residential treatment care utilizing private medical insurance may become eligible for Medicaid after 30 days in placement “Family of One”. Within five (5) days of the individual becoming eligible for Medicaid the facility will notify Magellan and support the parent/legal guardian in submitting the IACCT Residential Inquiry form to Magellan who will then refer to the IACCT. If the IACCT determines medical necessity no additional CON is required.
6. *Other*. Parents/legal guardians of Medicaid-eligible children not previously described may be referred to the IACCT without current involvement in the CSA process. CSA eligibility determination and service planning will occur according to state and local CSA policies. The CSA Office will provide initial orientation to the CSA process, eligibility, and parental contributions. The Alexandria CSB will provide CSA-funded FAPT Case Support for families needing a primary case manager to assist with FAPT referral. Call the Child Behavioral Health Intake Line for assistance: 571.213.7963.
7. *Freedom of Provider Choice*: Medicaid members retain the right to freedom of provider choice for Medicaid funded services. However, this provider choice does not extend to non-Medicaid covered services (e.g. education in the residential setting). Under circumstances in which the member’s parent wishes to receive residential treatment in a facility not under contract with the locality, CSA is not obligated to fund the non-Medicaid covered components of the program. Parents opting to place their children in facilities not under contract with local CSA program may be responsible for the non-Medicaid covered components of the placement.

8. *Child and Adolescent Needs and Strengths (CANS)*. All children being authorized for Medicaid and CSA funded residential treatment must have a valid, Child and Adolescent Needs and Strengths (CANS) assessment completed in the prior 30 days. The FAPT Case Manager completes the CANS in accordance with state and local CSA requirements and enters it into the CSA CANVaS on-line software.

**V. RESPONSIBILITY:**

1. The Alexandria CSB is responsible for contracting with Magellan and providing the IACCT structure and staffing.
2. The ACPMT is responsible for CSA funding oversight and staffing the Alexandria FAPT.
3. The ACPMT is responsible for ensuring respective staff involved in the IACCT process follow procedure outlined in this policy.

**VI. INTERPRETATION:**

The ACPMT is responsible for the official interpretation of this policy and procedures. Questions regarding the application of said policy and procedures should be directed to the ACPMT Chairperson.

**VII. REFERENCES:**

1. Magellan of Virginia Residential Program Process webpage:  
<https://www.magellanoofvirginia.com/for-providers/residential-program-process/>; there you can find:
  - a. Your Guide to IACCT
  - b. IACCT Guardian Guide
  - c. IACCT Foster Care Special Considerations
  - d. Inpatient Special Considerations for the IACCT
  - e. IACCT Retro Special Considerations
2. Alexandria Department of Community and Human Services, Center for Children and Families, Child & Family Behavioral Health Services IACCT content:  
<https://www.alexandriava.gov/dchs/childrenfamily/default.aspx?id=101068>

# POLICY 13 - IACCT 9.15.2020 draft for ACPMT

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