

DRAFT

APPENDIX

RESIDENTIAL CARE COORDINATION AND 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 shall~~ 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 Acentra, the Fee-for-Service (FFS) service authorization contractor,~~ to begin the process. This form ~~can be found on the is located at~~ ~~Magellan of Virginia website;~~ ~~https://vamedicaid.dmas.virginia.gov/sa/iaccthttps://dmas.kepro.com.~~ ~~www.magellanofvirginia.com, in the Residential Program Process section.~~

The IACCT team ~~will gathers~~ relevant information ~~from which~~ ~~Magellan of Virginia~~ ~~the FFS service authorization contractor~~ ~~will uses~~ 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 referred to as the Independent Assessment, Certification and Coordination Team (IACCT). ~~and the team will enhance~~ The IACCT enhances the current certification process by:~~

- Ensuring care coordination and higher probability for improved outcomes;
- Following strict defined 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~~ Applying Medical Necessity Criteria for all youth who request residential ~~care~~ services.

All Medicaid-~~eligible-enrolled~~ youth must be referred to ~~Magellan of Virginia~~ the FFS service authorization contractor who ~~will~~ shall make referrals to the IACCT team for PRTF and TGH services. In addition, all inpatient providers and residential treatment providers must refer to ~~Magellan of Virginia~~ the FFS service authorization contractor 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~~ the FFS service authorization contractor.

~~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 shall conduct an diagnostic assessment through a face-to-face meeting and in collaboration with the identified team. 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 FFS Service Authorization Contractor 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~~ The FFS service authorization contractor ~~will~~ supports the IACCT through ~~Magellan of Virginia employed positions including Residential Care Manager~~ Intensive Care Managers (RCMICM) and Family Support Coordinators (FSC).

The roles of these positions are described below:

### **Magellan of Virginia Residential Care Manager/Intensive Care Manager (RCMICM)**

The RCMICM ~~will~~ notify ~~notifies~~ the IACCT serving a locality of any youth from that locality referred to ~~Magellan of Virginia~~ the FFS service authorization contractor for consideration of residential treatment.

In all circumstances, the RCMICM ~~will~~:

- a) Supports the IACCT process by facilitating the collection of required assessments and behavioral and physical health histories;

- b) Reviews the results from the assessments and recommendations of the IACCT and applies the established medical necessity criteria to determine Medicaid funding authorization; and
- c) If residential treatment is initiated, the ~~RCMICM will provide~~s continued oversight around:
  - o Treatment plan of care development,
  - o Progress toward treatment goals including CANS outcomes, and
  - o Transition planning for return to the community. The ~~RCMICM will remain~~s 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 ~~RCMICM will alert~~s the IACCT that the youth is at a new facility.

#### ~~Magellan of Virginia~~ Family Support Coordinator (FSC)

The FSC ~~will perform~~s 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, The FFS service authorization contractor~~ ~~will provide~~s oversight to the IACCT assessment process and facilitates implementation of best practices.

~~Magellan of Virginia~~ ~~The FFS service authorization contractor~~ ~~will support~~s the IACCT assessment process through the following activities ~~including~~:

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

## IACCT Requirements

### IACCT Staffing Requirements

- Each IACCT team<sup>1</sup> ~~will~~shall 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~~ collects, reviews, and/or completes 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 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~~can 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~~the FFS service authorization contractor of youth<sup>2</sup> 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. If the youth has had a CANS completed within the last 30 calendar days, the LMHP, LMHP-R, LMHP-RP or LMHP-S can utilize this CANS for the assessment;  
and

---

<sup>1</sup> Team members may participate in person or by teleconference

<sup>2</sup> 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.

- ~~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 and, provider manuals, ~~and Magellan of Virginia contractual agreements~~ including:
  - ~~Meet all~~Adhering to specified timeframes;
  - Assessing 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 appropriate ~~crisis intervention provider, crisis stabilization provider, inpatient psychiatric provider~~level of care 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;
  - Applying medical necessity criteria in accordance with DMAS regulations;
  - ~~Ensure~~Ensuring the youth is served in the least restrictive environment in accordance with the Department of Justice Settlement Agreement; and
  - ~~Ensure~~Ensuring 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.<sup>3</sup>
  - The LMHP, LMHP-R, LMHP-RP or LMHP-S ~~will~~shall assess the youth (expedited, if possible) through either an in-person face-to-

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

~~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~~ shall 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~~ shall 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 FFS service authorization contractor, 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.
  - 
  - Ensure family engagement throughout the course of treatment.

### IACCT Timeframes

1. When a residential inquiry is received, ~~by Magellan of Virginia~~ the FFS service authorization contractor, ~~a Magellan of Virginia RCM will shall~~ conduct the education session<sup>4</sup> ~~with~~ the youth and the parent/legally authorized representative.
2. After all education sessions, the ~~decision of the~~ parent(s) ~~or other~~ /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~~ The FFS service authorization contractor will shall initiate a referral to the identified locality partner or the contracted IACCT provider to begin the IACCT process.

---

<sup>4</sup> Education Session ~~will~~ shall 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.

~~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~~ the FFS service authorization contractor.

3.

- a. The LMHP, LMHP-R, LMHP-RP or LMHP-S ~~will~~ shall conduct the face-~~to-~~face assessment within two business days of the referral from ~~Magellan of Virginia~~ the FFS service authorization contractor 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~~ RCMICM 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 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~~ shall develop a community-~~based~~ plan of care.

~~For contracted IACCT providers, the Magellan of Virginia~~ The RCMICM ~~will~~ shall assist with a referral list for community providers and the RCMICM and FSC ~~are~~ shall be 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 ~~shall~~ 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~~ the FFS service authorization contractor **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 RCMICM ~~shall 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 RCMICM ~~will shall~~ continue to engage in care coordination at a minimum of every 30 calendar days.

The RCMICM and FSC ~~are shall be~~ 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 RCMICM and FSC ~~are shall be~~ available to the youth and ~~(foster care worker)~~ legal guardian 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.~~

~~6.~~

~~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~~

~~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 e~~Emergency placements are allowed 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 comprehensive crisis services intervention, crisis stabilization or acute psychiatric inpatient services.

After processing an emergency admission, the PRTF or TGH shall notify the FFS service authorization contractor of the youth's admission within five calendar days. For youth without Medicaid at admission, The the PRTF or TGH shall notify the FFS service authorization contractor IACCT of the emergency admission 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 of the Medicaid eligibility and coverage beginsdetermination. Notifications that are not submitted within the required timeframe will result in facilities not receiving DMAS reimbursement for the days prior to the submission. The FFS Contractor will notify the IACCT of the admission.

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. See Chapter IV for team requirements for PRTFs and TGHs. For dates of service prior to the completion of the certification of need (CON) to be covered by Medicaid, the CON must be completed by the team

~~responsible for the CIPOC within 14 days of admission. The LMHP, LMHP-R, LMHP-RP or LMHP-S on the team responsible for the plan of care in the TGH must sign off on the CON for the TGH settings. The psychiatrist on the team responsible for the plan of care in the PRTF must sign off on the CON for the PRTF settings. 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.~~

~~Once the IACCT has been completed, the FFS service authorization contractor will notify the PRTF or TGH that the service authorization must be submitted within five business days. For the service authorization to cover dates back to the date of admission, all of the following must be met:~~

- ~~• The individual must be Medicaid eligible at admission;~~
- ~~• The individual must meet medical necessity criteria; and~~
- ~~• The TGH or PRTF must notify the FFS service authorization contractor of the admission within 5 calendar days of admission, complete the CON as described in this section within 14 calendar days and submit the service authorization within five business days of notification from the FFS service authorization contractor that the IACCT has been completed.~~

~~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. See Chapter IV for team requirements for PRTFs and TGHs. For dates of service prior to the completion of the CON to be covered by Medicaid, the CON must be completed by the team responsible for the CIPOC within 14 days of admission. The LMHP, LMHP-R, LMHP-RP or LMHP-S on the team responsible for the plan of care in the TGH must sign off on the CON for the TGH settings. The psychiatrist on the team responsible for the plan of care in the PRTF must sign off on the CON for the PRTF settings. The certification shall cover any period of time before the application for Medicaid eligibility for which claims are made for reimbursement by Medicaid.~~

~~For youth without Medicaid at admission, the PRTF or TGH shall notify the FFS service authorization contractor of the admission within five calendar days from the~~

date of the Medicaid eligibility determination. Notifications that are not submitted within the required timeframe will result in facilities not receiving DMAS reimbursement for the days prior to the submission. The FFS Contractor will notify the IACCT of the admission.

Once the IACCT has been completed, the FFS Service Authorization Contractor will notify the PRTF or TGH that the service authorization must be submitted within five business days. For the service authorization to cover dates back to the date of admission or start date of Medicaid eligibility if not Medicaid eligible at admission, all of the following must be met:

- The individual must meet medical necessity criteria; and
- The TGH or PRTF must notify the FFS Service Authorization Contractor of the admission within 5 calendar days of admission, complete the CON as described in this section within 14 calendar days and submit the service authorization within five business days of notification from the FFS Service Authorization Contractor that the IACCT has been completed.

~~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 requests 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.~~

### Other Exceptions

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 is 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 from 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~~ shall submit an online residential inquiry form to ~~Magellan of Virginia~~ the FFS service authorization contractor 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~~ the FFS service authorization contractor ~~will~~ shall 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~~ shall schedule ~~a face-to-face~~ an ~~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~~ shall 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~~ shall 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/CM~~ who ~~will~~ shall 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~~ <https://dmas.kepro.com> <https://vamedicaid.dmas.virginia.gov/sa/iacct>.

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