

APPENDIX D

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) 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 Acentra, the Fee-for-Service (FFS) service authorization contractor, to begin the process. This form is located at: <https://vamedicaid.dmas.virginia.gov/sa/iacct>.

The IACCT team gathers relevant information which the FFS service authorization contractor 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 teams are referred to as the Independent Assessment, Certification and Coordination Team (IACCT). The IACCT enhances the current certification process by:

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

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

A LMHP, LMHP-R, LMHP-RP or LMHP-S who is part of the IACCT shall conduct an assessment through a face-to-face meeting and in collaboration with the identified team.

FFS Service Authorization Contractor Role

The FFS service authorization contractor supports the IACCT through Intensive Care Managers (ICM) and Family Support Coordinators (FSC).

The roles of these positions are described below:

Intensive Care Manager (ICM)

The ICM notifies the IACCT serving a locality of any youth from that locality referred to the FFS service authorization contractor for consideration of residential treatment.

In all circumstances, the ICM:

- 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 ICM provides 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 ICM remains 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 ICM alerts the IACCT that the youth is at a new facility.

Family Support Coordinator (FSC)

The FSC performs 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

The FFS service authorization contractor provides oversight to the IACCT assessment process and facilitates implementation of best practices.

The FFS service authorization contractor supports the IACCT assessment process through the following activities:

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

IACCT Requirements

IACCT Staffing Requirements

- Each IACCT team¹ 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 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

¹ Team members may participate in person or by teleconference

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

It is expected that the team also include representatives of local agencies and other supports involved in the youth's plan of care who 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 the FFS service authorization contractor 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. 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;
- Adhere to IACCT procedures established by DMAS regulations and provider manuals including:
 - 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 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;
 - Ensuring the youth is served in the least restrictive environment in accordance with the Department of Justice Settlement Agreement; and

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.

- 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.³
 - The LMHP, LMHP-R, LMHP-RP or LMHP-S shall assess the youth (expedited, if possible) through either an in-person 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 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 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 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

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.

1. When a residential inquiry is received, the FFS service authorization contractor shall conduct the education session⁴ with the youth and the parent/legally authorized representative.
2. After all education sessions, the decision of the parent(s) or other legally authorized representative 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. The FFS service authorization contractor shall 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 the FFS service authorization contractor.
 - a. The LMHP, LMHP-R, LMHP-RP or LMHP-S shall conduct the face-to-face assessment within two business days of the referral from 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 ICM 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 Education Session 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.

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 shall develop a community-based plan of care.

The ICM shall assist with a referral list for community providers and the ICM and FSC 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 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 occur:

- a. The CON shall be effective for **30 calendar days** prior to admission.
 - b. The IACCT shall provide the completed CON to 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 ICM shall 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 ICM shall continue to engage in care coordination at a minimum of every 30 calendar days.

The ICM and FSC 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 ICM and FSC shall be available to the youth and 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.

Exceptions to the IACCT Processes

Emergency Placements for Foster Care Youth

DMAS follows LDSS guidance on defining emergency placements for foster care youth. Emergency placements are allowed for both Medicaid eligible and non-Medicaid eligible foster care youth to a PRTF or a TGH according to DSS protocol that ensures 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 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 PRTF or TGH shall notify the FFS service authorization contractor of the emergency 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.

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.

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.

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 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.

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.

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 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 shall submit an online residential inquiry form to the FFS service authorization contractor within one business day.
3. When the legal guardian gives permission to move forward with the residential referral, the FFS service authorization contractor 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 shall schedule an assessment (expedited, if possible), and 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 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 shall complete the certificate of need and engage in an acute discharge planning process.

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 ICM who 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 at <https://vamedicaid.dmas.virginia.gov/sa/iacct>.