

IACCT Contracting Decision Acknowledgment Notice

Dear CSA/CSB Provider:

We invite you to contract with Magellan of Virginia for the independent assessment, certification and care coordination team (IACCT). **Your decision is due to Magellan by 11/1/16.** By contracting with Magellan, each locality/CSB will assume the responsibilities of the independent team, including assessment by a licensed mental health practitioner and completion of the certificate of need (CON). We encourage your participation, as providers who contract with us can experience significant benefits, such as:

- Access to ongoing service-related training opportunities
- Ability to subcontract with private provider to perform direct care
- Easy claims submission and prompt payment
- Simplified credentialing
- Access to numerous online resources, including free continuing education courses

In the check boxes below, please indicate a formal decision to accept or decline contracting with Magellan. This notice may be signed by the CPMT chair or delegate with signing authority or CSB representative with signing authority. Please return this signed document indicating a decision to VANetworkQuestions@magellanhealth.com . For providers that elect to contract, a Magellan representative will follow-up with the designated party* below for next steps.

YES I agree to contract for this service. By checking this box, I understand that this means that our locality, _____, agrees to take responsibility for all aspects of the IACCT process, which include:

- Have a credentialed LMHP under this agreement as well as take ownership of the subcontracting process with private LMHPs (if applicable)
- Adhere to all conditions outlined in the provider agreement
- Include a physician that is known to the child or known to the system
- As a contract holder, submit and accept direct reimbursement for the IACCT assessment and reassessment
- Returning contract/credentialing documents no later than 10 business days after receipt. The contracting process must be completed by 2/1/17.

CPMT Chair/CSB Authorized Signatory

Date

Title

***Contact name and number of person to receive contract documents:**

Name: _____

Number: _____

NO At this time, I am declining to contract directly with Magellan. By doing so, I agree that the locality, _____, can participate as a member of the IACCT but not have the responsibility of overseeing the process. The oversight will then be handled by the CSB or the private provider that elects to contract directly with Magellan for IACCT. I may choose to contract with Magellan at a later date; **however, this will be subject to Network availability.**

CPMT Chair/CSB Authorized Signatory

Date

Title