



Provider Notice

This notice is being sent on behalf of the Virginia Department of Medical Assistance Services (DMAS).

This includes a correction to the Medical Necessity Changes section. The correct implementation date is January 1, 2017.

The purpose of this memorandum is to announce changes to the regulations governing psychiatric residential treatment services, therapeutic group home services and Early and Periodic Screening, Diagnosis and Treatment services that are provided in those settings. Emergency regulations are currently in the executive review process and DMAS expects them to be effective as of January 1, 2017. DMAS will post manual updates in the form of a manual supplement chapter which will define the programmatic changes to the Residential Treatment Facility (Level C), Community-Based Residential Services for Children and Adolescents under 21 (Level A) and Therapeutic Behavioral Services (Level B). Magellan will send an e-blast to let you know when these manual supplements are posted.

Effective on January 1, 2017 the new Medicaid Manual supplements will immediately supersede the program criteria and program rules as defined in the Chapter 4 "Covered Services and Limitations" sections of the Psychiatric Services and Community Mental Health Rehabilitation Services manuals for Level A, B and C Residential Treatment Services until the impacted services are defined in a new Residential Services Manual which shall be developed by the Department of Medical Assistance Services (DMAS) in early 2017.

DMAS will change the service name for Level C residential treatment centers to now be labeled as Psychiatric Residential Treatment Facilities (PRTF) and the Level A and Level B Residential services will now be labeled as Therapeutic Group Home services. Significant changes, projected to improve the care experiences for youth and families, will include:

1. Revised program requirements for residential treatment services;
2. Revised program requirements for therapeutic group home services
3. Enhanced family engagement and discharge planning requirements to begin upon admission
4. Revised processes for assessment of youth and family needs, certification of medical necessity for residential treatment services, and care coordination.

Changes are designed to transition existing services into models of care with evidence-based treatment approaches, standardized medical necessity criteria, and rigorous program requirements to create a youth and family-focused system that will match future managed care administration structures, oversight and contracting requirements. Changes rely upon expanding the scope of responsibility for DMAS' behavioral health services administrator to include management of the independent certification team process and care coordination for youth referred for residential treatment services.

Residential Treatment and Therapeutic Group Home Program Requirement Changes

The revised regulations governing residential treatment services establish practices promoting the creation of strong and closely coordinated partnerships and collaborations between families, youth, and community- and residential-based treatment service providers to ensure that comprehensive services and supports are family-driven, youth-guided, strengths-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes. Highlights of the program requirement changes include:

- Integrate [Building Bridges Initiatives](#) Core Values into program policy
- Establish family driven and youth guided treatment and service planning requirements
- Establish daily rather than weekly minimum treatment interventions;
- Define "family engagement activity," establish family engagement activities as allowable psychosocial interventions, and establish minimum requirement for family engagement activity;

- Require ongoing opportunities for an individual to build and maintain meaningful relationships with family members to include frequent, unscheduled, and non-contingent phone calls and visits between an individual and family members.
- Revised definition of "Interventions" to include therapeutic passes home and family engagement activities and more types of residential service structures as allowed interventions
- Allow exceptions to daily treatment intervention requirements to support activities to transition back to the community;
- Require provider's discharge plan to be approved by Magellan.
- Begin the transition process to include Early and Periodic Screening, Diagnosis and Treatment residential service options into Magellan administration and oversight authority

Family Engagement Process Development

DMAS is taking significant steps to implement program structures that will facilitate family engagement for all individuals in residential treatment settings and therapeutic group home care. Previous residential program rules did not require family engagement activities and only required family therapy as a small component of the overall program requirements. The impact of the new family engagement requirements will impact service providers and the overall system of care by requiring development of more responsive and dynamic service review and coordination processes to facilitate effective and person centered family engagement practices. To develop service provider capacity for using family engagement strategies Magellan will be providing multiple training opportunities over the next several months and in conjunction with DMAS, DSS and the Office of Children's Services will continually evaluate and assess the family engagement practices of providers to ensure that effective practices are being implemented and that Building Bridges principles become successfully embedded into the residential service delivery. Family engagement will be an essential quality of care component of the residential services that will be monitored by Magellan over time to ensure that process development is in line with regulatory expectations.

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. Historically, DMAS did not require the certification teams to be enrolled providers and did not reimburse the certification teams for their services. Effective January 1, 2017 DMAS will require that all certification teams are credentialed and contracted with Magellan in order to administer the independent certification process on behalf of DMAS. The new certification teams will be called the Independent Assessment, Certification and Coordination Team (IACCT) and the team will enhance the current certification process by:

- Ensured care coordination and higher probability for improved outcomes.
- Following strict turnaround timeframes for assessing the need for treatment and level of care requirements
- Access to the established Medicaid grievance process as mandated by CMS.
- Ensured freedom of choice in service providers as mandated by CMS.
- Implement Medical Necessity Criteria for all members who request residential care.

All Medicaid-eligible youth, when psychiatric residential treatment facility, therapeutic group home and also when EPSDT services are being considered in those settings, must be referred to Magellan who will make referral to the IACCT team. In addition, all inpatient providers and residential treatment providers must refer to Magellan to initiate the IACCT certification process to assess and certify an appropriate level of care prior to being transferred to residential treatment or therapeutic group home care from an inpatient setting. All IACCT decisions are due within five business days of the referral to Magellan. The IACCT LMHP will conduct a diagnostic assessment through face-to-face contact 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 including preferences related to provider location, specialties, spoken languages, gender, and cultural aspects. The IACCT will also ensure family engagement in the decision making process and throughout the course of treatment.

IACCT Requirements

The independent certification team shall be approved by DMAS under contractual agreement with the BHSA. The team shall initiate and coordinate referral to the Family Assessment and Planning Team (FAPT), as defined in Va. Code 2.2-5207 and 2.2-5208, to facilitate care coordination and for the FAPT's consideration of educational coverage and other supports not covered by DMAS.

IACCT Members and Roles:

Each IACCT team will include:

- A licensed mental health professional (LMHP) who will perform the required diagnostic assessment, i.e., psychosocial history, and may complete the CANS, and ACEs, as necessary.
- A physician known to the youth and/or with knowledge of the service delivery system;
- The youth and family or guardian.

It is expected that the team will also include other supports and/or agencies who are involved in the child's plan of care.

Team members may participate in the various planning meetings and care coordination efforts either in person or by phone.

Medical Necessity Changes

Beginning on January 1, 2017 Psychiatric Residential Treatment Services (Level C) and Therapeutic Group Home services will begin using different Medical Necessity Criteria. Changes in the service authorization process for will be implemented on January 1, 2017 when Magellan will stop using DMAS defined medical necessity criteria for Level A and Level B Group home Services and will instead make authorization decisions in the new Therapeutic Group Home services using new Medical Necessity Criteria and IACCT review process.

Authorizations will be issued using a maximum duration of 30 days per review based on medical necessity requirements and to allow for complex care coordination in order to transition to an appropriate level of care.

The IACCT process will gather relevant information from which Magellan will use to render a Medical Necessity as Magellan is a member of the IACCT during the review of the IACCT recommendations.

The service review process used by Magellan will assess the plan of care and treatment plan to determine if the services are adequate to treat the individual's needs in the residential or group home setting. The Magellan review will focus more intensively on the quality of care for the member while in the residential service setting.

References: Blau G.M., Caldwell B., & Lieberman R.E. (Eds.). (2014). Residential Interventions for Children, Adolescents, and Families: A Best Practice Guide. New York, NY: Routledge.

Additional information about the program changes and the IACCT process is available in the Psychiatric Services Manual Residential Treatment Supplement and on the Magellan of Virginia website at:

[Process Changes: Psychiatric Residential Treatment Facility.](#)

Questions about the IACCT process may be directed by email to: RTCChange@dmas.virginia.gov.