

Throughout the IACCT referral and assessment process, the child's safety will be assessed. If at any time during the referral process the parent/guardian, IACCT LMHP, PCP/Psychiatrist, Magellan RCM or FSC is concerned about safety issues, the RCM will coordinate an emergency assessment for the child to evaluate if acute inpatient is needed to assure the child's safety and wellbeing.

Invite the psychiatrist to participate in the Recommendation Meeting telephonically or by

providing feedback to be shared in the meeting.\* If Psychiatrist is able to participate, move to #7.

If the child does not have a psychiatrist, or if the psychiatrist is unable or unwilling to participate within the required timeframe, move to #3.



**Engage PCP to participate** If the child has a PCP, coordinate with the PCP to discuss the referral and obtain

Invite the PCP to participate in the Recommendation Meeting telephonically or by

recommendations.

providing feedback to be shared in the meeting. If the physician has had no contact with the child within the past 13 months, a face to face

or telemedicine appointment must take place before recommendations can be provided.

If PCP is able to participate within the required timeframe, move to #7.

If the child does not have a PCP, move to #4. If the child's PCP would like a peer consult prior

to making recommendations, move to #5. If the child's PCP is unable or unwilling to

participate within the required timeframe, move to #6.



Contact RCM to engage in peer to peer consult with **Magellan Medical Director** or Assistant Medical Director

Magellan Medical Director or Assistant Medical Director. The Magellan Medical Director or Assistant Medical Director will review the clinical assessments in order to provide education and guidance to the physician participating in the IACCT process.

If the PCP or centralized physician would like

a peer to peer consult before providing a level

of care recommendation, contact the Magellan RCM in order to engage the

If physician is willing to participate within the required timeframe following the peer to peer consult, move to #7.

After the peer to peer consult, if the physician is unable or unwilling to participate within the

required timeframe, move to #8.

Meeting.

If the child has an MCO, advise guardian to contact MCO to obtain contact information for

Assist family in obtaining a

can provide assistance if needed. If the child does not have an MCO, the guardian should call the 1-800 number on insurance card for assistance in obtaining a PCP.

their designated PCP. The Magellan MCO Liaison

Once PCP is identified or obtained, return to



**Engage centralized** 

physician

LMHP should engage their centralized physician if there is one available in their locality. If the physician has had no contact with the child within the last 13 months, a face to face or telemedicine appointment must take place

before recommendations can be provided.

in the Recommendation Meeting

recommendations, move to #5.

move to #8.

If the child's PCP is unable to participate within the required timeframe, the IAACT

telephonically or by providing feedback to be shared in the meeting.\* If physician is willing to participate within the required timeframe following the peer to peer

Invite the centralized physician to participate

consult, move to #7. If the centralized physician would like a peer to peer consult prior to making

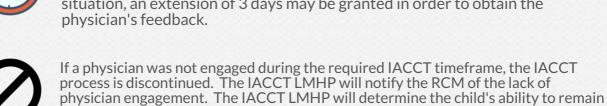
If there is no centralized physician, or if the











If a physician was not engaged during the required IACCT timeframe, the IACCT process is discontinued. The IACCT LMHP will notify the RCM of the lack of

safe in the community given that a residential placement will not be occurring at this time. Based on this recommendation, one of the following will occur: If the child is determined to not be safe in the community at this time, the RCM will coordinate an emergency assessment for the child to evaluate if acute inpatient is needed to assure the child's safety. The guardian will also be instructed to contact

their local mental health emergency services if concerns about the child's safety

If the child is determined to be safe in the community at this time, the guardian will be given information about community-based mental health services in the child's locality.

For 90 days, the RCM will continue to work with the MCO to engage a PCP or Psychiatrist for the child. The FSC will contact the guardian to assist with physician engagement and/or to provide ongoing support at a minimum of every 30 days for up

to 90 days. If a physician is subsequently engaged and the guardian wishes to seek residential

services at that time, the guardian can complete a new residential inquiry form.