



# IACCT Foster Care Special Considerations

## **Children in the Custody of a Local Department of Social Services (LDSS)**

This educational document is intended to assist providers and members of the special considerations in the pre-referral IACCT process for children in the custody of the LDSS. For an enhanced understanding of the Office of Children’s Services (OCS) guidance on Non-Emergency and Emergency Placements, please follow their guidance for CSA Community Policy and Management Teams Regarding the DMAS/Magellan Independent Assessment and Care Coordination Team (IACCT) Process.

### **Placement of Youth in Foster Care**

All placements of children in custody of an LDSS will be initiated by the LDSS as the legal guardian through established Virginia Department Social Services (VDSS) regulations and policies as well as local Children Services Act (CSA) policies governing “emergency” and “non-emergency” placements. As the legal guardian, LDSS will be expected to participate in the defined IACCT processes in addition to the current FAPT requirements. (Virginia's Office for Children Services, 2016, p. 1)

### **“Non-Emergency Placements”**

These are children in the custody of an LDSS who are presently in a viable foster care placement (family foster home or treatment foster care) and for whom the LDSS is recommending a placement change to a residential treatment facility or therapeutic group home (Virginia's Office for Children Services, 2016, pp. 1-2).

- If the child’s **Medicaid eligibility is already established**, such children shall be concurrently referred by the LDSS family service worker to the Family Assessment and Planning Team (FAPT) for consideration through established LDSS and CSA local policies and to the IACCT for that locality. The FAPT (via the LDSS family service worker) will collaborate with the IACCT on the recommendation for residential or alternate community-based services. (Virginia's Office for Children Services, 2016, p. 2)

***At this time, this youth will be engaged in the standard IACCT process with the LDSS serving as the child’s legal guardian.***

### **“Emergency Placement”**

These are children in the custody of an LDSS who are in immediate need of placement in a residential treatment facility or therapeutic group home and do not meet the criteria to receive crisis intervention, crisis stabilization or acute psychiatric inpatient services. These are defined in the DMAS regulations as “emergency admissions” or “placements”. Such “emergency placements” are authorized under the CSA (§2.2-5209) for up to 14 days at which time the “routine” FAPT and the local Community and Policy Management Team (CPMT) processes must occur. The circumstances under which the LDSS initiates an emergency placement or admission are the same as under current CSA and LDSS practice. Emergency placements in residential facilities for children in foster care should generally be an action of last resort after other, less restrictive placements are explored and ruled out. (Virginia's Office for Children Services, 2016, p. 2)

All children placed in a residential treatment facility or therapeutic group home under LDSS/CSA emergency placement authority shall immediately be referred by the LDSS family service worker to the Family Assessment and Planning Team (FAPT) for consideration through established local practices. (Virginia's Office for Children Services, 2016, p. 2)

### ***Medicaid Eligibility Status of Foster Care Children***

If the foster care child ***is NOT a Medicaid member*** at the time of placement, the assigned foster care worker and residential facility will work to obtain Medicaid for that child. Within **5 business days** of the child becoming Medicaid eligible, the assigned foster care worker will submit a residential inquiry form to Magellan. Alternatively, this form can be completed telephonically with Magellan.

If the foster care child ***is a Medicaid member***, the assigned foster care worker will submit a residential inquiry form to Magellan within **5 business days** of the member’s admission to the residential facility. Alternatively, this form can be completed telephonically with Magellan.

### ***Medicaid Certificate of Need***

According to 12VAC30-50-130, the Certificate of Need (CON) for such emergency admissions shall be completed by the (facility-based) team responsible for the child’s plan of care within **14 days of admission** and submitted to Magellan. The certification shall cover the full period of time after admission and before for which claims are made for reimbursement by Medicaid. The facility admitting a foster child under the “emergency placement” process shall work with the legal guardian (LDSS) to refer that child to the IACCT in the locality where the LDSS holds custody within **5 days of admission**, but the Certificate of Need will be completed by the facility team, not by the IACCT. (Virginia's Office for Children Services, 2016, p. 4)

### ***IACCT Process for Foster Care Youth who have had an Emergency Placement***

- A residential inquiry form is received by Magellan for a youth identified as being in foster care.
- The IACCT Residential Care Manager (RCM) will contact the parent/legal guardian (LDSS) within **5 business days** and provide the education session to the parent/guardian. (See IACCT Guide, Section 2, for more details about this process).
- If LDSS (guardian) wishes to proceed with the IACCT process, the RCM will obtain the LDSS worker’s verbal consent and complete the residential referral form.
- The RCM will then submit the referral to the IACCT Licensed Mental Health Provider (LMHP)<sup>i</sup> responsible for the member’s plan of care to assess needs and review for medical necessity back to the date of eligibility.
- The IACCT LMHP will schedule a face-to-face or telemedicine assessment and will coordinate with the assigned foster care worker and facility to gather any diagnostic and clinical assessments that were completed during the member’s current residential placement and any previous treatment placements.
- At the time of the face to face assessment, the IACCT LMHP will schedule with the youth and LDSS worker the Recommendation Meeting.
- The IACCT Recommendation Meeting will include, at minimum, the youth, assigned foster care worker (LDSS is legal guardian), RCM, the youth’s physician or psychiatrist, and IACCT LMHP. Participants may join telephonically or in person.

- Best practice in the IACCT Recommendation Meeting should include the following participants: Physician(s); FSC; FAPT; School Representative; current service providers; and other participants as requested by assigned foster care worker. If these individuals are not available to attend the meeting, they are strongly encouraged to submit their input to the RCM prior to the meeting given that supporting documentation can influence determining the appropriate level of care.
- During the IACCT Recommendation Meeting, the team will jointly review viable options to meet the youth's needs. Subsequent to the meeting, the RCM will determine if the child's needs meet Medical Necessity Criteria.

#### **Process after IACCT Recommendation**

If the child has been referred to residential via the IACCT process, the RCM will engage in care coordination at **14 days after admission**. The RCM will continue to engage in care coordination at a **minimum of every 30 days**.

If the child has been referred to community based service options via the IACCT process, the RCM and FSC will make contact with the child **as needed**. The RCM and FSC are available to the youth and assigned foster care worker for up to **90 days**.

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<sup>i</sup> LMHP includes LMHP-Resident (LMHP-R), LMHP-Resident in Psychology (LMHP-RP) and LMHP-Supervisee (LMHP-S)