

Data Collection for CSA / IACCT Interface
To be implemented for CSA Referred/IACCT Not Approved Cases
(On-line Data Reporting Accessible by a Local Report Preparer via CSA Website)

Data Elements:

1. Month when IACCT determination is made (Select One from list)
2. Locality (Select One from list)
3. Last Name (open text)
4. Date of Birth (xx/xx/xxxx)
5. SSN (xxx-xx-xxxx)
6. Type of Placement Sought (Select One)
 - Psychiatric Residential (Level C)
 - Therapeutic Group Home (Level B)
7. Referral Source (select one major category and one sub-category)
 - DSS (Y/N), If yes:
 - Emergency (Y/N)
 - Non-Emergency (Y/N)
 - IEP/Educational Placement (Y/N), If yes:
 - IEP specifies residential as LRE (Y/N)
 - IEW specifies private day as LRE (Y/N)
 - CSA Parental Agreement (Y/N). If yes:
 - CHINS Court Ordered (Y/N)
 - CHINS FAPT Determined (Y/N)
 - Non-Mandated (Y/N)
8. Was this case already in residential placement when opened by CSA? (Y/N)
9. Reason for Non-Approval by Magellan (Select One)
 - Doesn't Meet Medical Necessity
 - Parent fails to complete IACCT Process
 - IACCT Unable to Engage Physician
 - Other

10. Alternate service recommended by IACCT (select all that apply)

- Intensive In-Home (Y/N)
- Therapeutic Day Treatment (Y/N)
- Mental Health Skill Building (Y/N)
- Crisis Stabilization/Crisis Intervention (Y/N)
- Psychiatry (Y/N)
- TFC (Case Management) (Y/N)
- Other Outpatient Services (Y/N)

11. Was Decision Appealed to DMAS? (Y/N)

12. If yes, Outcome of Appeal?

- Denial upheld (Y/N)
- Denial overturned (Y/N)
- Other (Y/N)

13. Final CSA action (Check all that apply)

- Alternate services via Medicaid
- Alternate services via CSA
- Place child residential without Medicaid funding