



MISSISSIPPI DIVISION OF
MEDICAID

Guidance for Becoming a MYPAC Provider

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1.0 SCOPE OF WORK

1.1 Purpose

1. The State of Mississippi, Office of the Governor, Division of Medicaid (DOM) issues this Guidance for Becoming a MYPAC Provider, to solicit applications from organizations qualified to plan, coordinate, and provide community-based services to youth with serious emotional disturbance (SED) who meet the criteria for Psychiatric Residential Treatment Facility (PRTF) level of care.

The Provider Requirements listed in this guidance can also be found in Title 23, Part 206, Chapter 2 of the Mississippi Administrative Code (Miss. Admin. Code). In the event that the language in this guidance conflicts with the language in the Miss. Admin. Code, the language in the Miss. Admin. Code is controlling.

DOM will reimburse authorized providers of MYPAC services at the rate of \$347.74 per day with a maximum of one hundred fifteen (115) days per youth per year.

1.2 Authority

Medicaid is a program of medical assistance for the needy administered by the states using state appropriated funds and federal matching funds within the provisions of Title XIX and Title XXI of the Social Security Act as amended. In Mississippi, the program is administered by the Division of Medicaid, in the Office of the Governor, by authority of Section 43-13-101 et seq. of the Mississippi Code of 1972. Services are provided through a blend of fee-for-service and coordinated care agreements with a variety of medical providers.

1.3 Background

The Community Alternatives to Psychiatric Residential Treatment Facilities (CA-PRTF) demonstration waiver was a five year project known as MYPAC, which ended on September 30, 2012. The Centers for Medicare and Medicaid Services approved Mississippi's State Plan Amendment for new services to be effective July 1, 2012. The Division of Medicaid (DOM) issued State Plan Amendment 2012-003 to include Intensive Outpatient Psychiatric (IOP) services to the existing service package.

DOM defines MYPAC services as all-inclusive home and community based services that assist participants and families in gaining access to needed mental health services, as well as medical, social, and other services, regardless of the funding source for those other services. It includes service coordination that involves finding and organizing multiple treatment and support services.

1.4 Intent of MYPAC

1. The intent of MYPAC is to provide home and community-based services to beneficiaries up to age twenty-one (21) with serious emotional disturbance (SED) that:
2. Exceed the resources of a single agency or service provider;
3. Experience multiple acute hospital stays;
4. Have been recommended for residential care;
5. Have had interruptions in the delivery of services across a variety of agencies due to frequent moves, failure to show improvement, lack of previous coordination by agencies providing care, or reasons unknown;
6. Are at immediate risk of requiring treatment in a Psychiatric Residential Treatment Facility (PRTF), or
7. Are receiving services in a PRTF and are ready to transition back to the community.

1.5 Staffing and Administrative Requirements

In order to provide MYPAC services, the Provider must satisfy all requirements set forth in Part 200, Chapter 4, Rule 4.8 of the Mississippi Administrative Code, as well as the following program specific requirements:

1. Complete and submit a MYPAC Project Plan;
2. Obtain a current X04 MYPAC Medicaid provider number;
3. Have current Mississippi Department of Mental Health (DMH) certification in Wraparound Facilitation
4. Have appropriately trained and professionally qualified staff to provide the services for which they are responsible, according to Department of Mental Health Operational Standards;
5. Have a psychiatrist on staff;
6. Have procedures in place for twenty-four hours a day, seven days a week availability and response;
7. Participate in the wraparound training and certification process through DOM or its designee;

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8. Have Wraparound facilitators and supervisors of the process who have successfully completed Introduction to Wraparound 101 training;

1.6 Target Population

1. Youth with SED are eligible to participate in the MYPAC program if they are at immediate risk of requiring treatment in a PRTF or if they are already in a PRTF and are ready to transition back to the community.
2. The Utilization Management and Quality Improvement Organization (UM/QIO) for DOM reviews and prior authorizes the provision of services for beneficiaries based on the following criteria:

1.6.1 Clinical Criteria

1. The youth must have been diagnosed by a psychiatrist or licensed psychologist in the past sixty (60) days with a mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria for Serious Emotional Disturbance (SED) specified with the DSM on Axis I;
2. The youth has a full scale IQ of sixty (60) or above, or, if IQ score is lower than sixty (60), there is substantial evidence that the IQ scores is suppressed due to psychiatric illness; and
3. The youth meets the same level of care (LOC) for admission to a PRTF, but can be diverted to MYPAC as an alternative to residential treatment; or the youth is currently a resident of a PRTF or acute care facility, who continues to meet the LOC for residential treatment, but who can be transitioned back into the community with MYPAC services.

1.6.2 Age and Other Criteria

1. The youth must be admitted prior to his or her twenty-first (21st) birthday. If a youth is already a participant prior to age twenty-one (21), he/she may remain in MYPAC until treatment is completed or the participant's twenty-second (22nd) birthday, whichever occurs first.
2. The youth must be eligible for Medicaid and have active Medicaid coverage in order to receive services.

1.7 Required Services

1.7.1 Individualized Service Planning (ISP)

MYPAC Providers must provide Individualized Service Planning. DOM defines Individualized Service Planning as the process of developing an individualized service plan (ISP) which is a

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written, detailed document that directs the treatment, addresses the needs of the beneficiary with complex mental health challenges. Development of the ISP must always include the family and child, and is individualized for each MYPAC participant. The ISP must include the following:

1. Services to be provided;
2. Frequency of service provision;
3. Staff providing each service and their qualifications;
4. Formal and informal supports which are available to the participant and family;
5. Plans for anticipating, preventing and managing crises, and
6. An Individualized Crisis Management Plan (ICMP) as described in Section 1.7.2.

1.7.2 Individualized Crisis Management Plan (ICMP)

MYPAC Providers must include as part of Individualized Service Planning an Individualized Crisis Management Plan (ICMP). Development of the ICMP must always include the family and child, and is individualized for each MYPAC participant. The ICMP must:

1. Be developed during the child and family team meeting based on the individualized preferences of the participant and family;
2. Identify triggers or risks that may lead to potential crisis; and recommends interventions and strategies to mitigate the risks that can be implemented to avoid the crisis.
3. Identify natural supports that may decrease the potential for a crisis to occur;
4. Identify specific needs of families and tailor the level of intervention;
5. Provide responses that are readily accessible at any time to the participant and family;
6. Contain contact information for those involved at all levels of intervention during the crisis;
7. Provide for crisis debriefing after the crisis has been resolved.

A copy of the ISP and the ICMP must be provided to the participant and family.

1.7.3 Wraparound Facilitation

MYPAC providers are required to provide or arrange for the provision of wraparound facilitation defined as the creation and facilitation of a child and family team for the purpose of developing a single individual service plan (ISP) to address the needs of the participant with complex mental health challenges and their families. Wraparound facilitation must be provided in accordance with high fidelity wraparound practices. One (1) MYPAC provider staff is identified as a wraparound facilitator for each participant and family. Providers must ensure case load size for wraparound facilitators is maintained at an average of not more than ten (10) cases per

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wraparound facilitator. The wraparound facilitator ensures that appropriate services are identified and accessed, and is available twenty-four hours a day, seven days a week, to a participant and family for assistance.

Wraparound services are comprised of a variety of specific tasks and activities designed to carry out the wraparound process, including:

1. Engaging the family;
2. Assembling the child and family team;
3. Facilitating a child and family team meeting no less than once a month;
4. Facilitating the development of an ISP through decisions made by the child and family team; This includes a plan for anticipating, preventing and managing crisis with the child and family team meeting;
5. Working with the team in identifying providers of services and other community resources to meet family and youth needs;
6. Making necessary referrals for youth;
7. Documenting and maintaining all information regarding the ISP, including revisions and child and family team meeting notes;
8. Presenting ISP for approval to the child and family team;
9. Providing copies of the ISP to the entire team including the youth and family/guardian;
10. Monitoring the implementation of the ISP and revising if necessary to achieve Outcome;
11. Maintaining communication between all child and family team members;
12. Evaluating progress toward needs being met, to ensure the decrease in referral behaviors;
13. Leading the team to discuss and ensure the supports and services the youth and family are receiving continue to meet the caregiver and youth's needs;
14. Educating new team members about the wraparound process; and
15. Maintaining team cohesiveness.

1.7.4 Other Service Requirements

Service Requirements under this Agreement include, but are not limited to:

1. Mental Health services using evidence-based practices which include intensive, in-home therapy, crisis outreach, medication management and psychiatric services;
2. Social services to ensure basic needs are met, provide family support, and develop age appropriate independent living skills;

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3. Physical health and welfare services that include assistance to the family in obtaining screenings from the Mississippi Medicaid Cool Kids Program, or EPSDT Services;
4. Recreational activities to identify skills and talents, enhance self-esteem, and increase opportunities for socialization; and
5. Other supports and services as identified by the family and child and family team.

Additionally, the Applicant is encouraged to develop innovative and creative strategies to improve health outcomes.

1.7.5 Minimum Service Requirements

The MYPAC provider must comply fully with Title 23, part 206, chapter 2 of the Mississippi Medicaid Administrative Code including the following minimum service requirements.

1. Must facilitate a child and family team meeting once a month;
2. Must meet face-to-face with the MYPAC participant at least once a week;
3. Must meet face-to-face with the family at least twice a month;
4. Contacts related to ISP implementation must occur at least three (3) times a week;
5. MYPAC participants on medication must see a doctor every ninety (90) days for medication management and monitoring.
6. Conduct Quality Assurance activities to regularly review each participant's Individualized Service Plan (ISP) and treatment outcomes.

2.0 MYPAC PROJECT PLAN SUBMISSION

2.1 Instructions

All Applicants must have an active X04 MYPAC provider number prior to MYPAC services being delivered to Medicaid beneficiaries. To obtain an X04 MYPAC provider number, all Applicants must submit a MYPAC Project Plan to DOM's Bureau of Mental Health Programs (BMHP) for review and approval. The BMHP will send written notification to all Applicants indicating the status of their MYPAC Project Plan. *A MYPAC Project Plan approval letter must be included with the Medicaid Provider Enrollment Application to become an X04 MYPAC provider.* This process must be completed even if the entity is a current Medicaid provider. Submission of these documents does not constitute automatic approval or acceptance into the Medicaid program. The MYPAC Project Plan requirements are outlined below. The information and documents requested in the MYPAC Project Plan can be emailed or mailed to the following:

- Email: behavior.health@medicaid.ms.gov
- Address: Mississippi Division of Medicaid, Bureau of Mental Health Programs, 550 High Street, Suite 1000, Jackson, MS 39201

2.2 MYPAC Project Plan

The MYPAC Project Plan should describe the Applicant's approach to providing the services described in Title 23, Part 206, Chapter 2 of the Mississippi Administrative Code (Miss. Admin. Code). The MYPAC Project Plan must include the following:

1. Approach
 - a. Evidence-based practice(s) to be incorporated;
 - b. Proposed plan to organize, administer, and coordinate access to care, services, and supports;
 - c. Proposed service array to be provided by your organization;
 - d. Existing and/or proposed fiscal and programmatic internal quality controls and how those will be applied to this project.
2. Sample Plans
 - a. De-identified sample Individualized Service Plan (ISP);
 - b. De-identified sample Individualized Crisis Management Plan (ICMP).
3. Statement of Assurance

The applicant shall submit with this MYPAC Project Plan one Statement of Assurance incorporating each of the following and identifying the Applicant's acknowledgement,

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understanding, and agreements to each assurance. The Statement of Assurance shall be signed by the authorized person on behalf of the Applicant organization.

- a. All service planning and delivery incorporates a high-fidelity wraparound approach;
- b. Coordination of ALL services and supports, regardless of the agency or funding source;
- c. Participation in Wraparound training and technical assistance opportunities;
- d. Cooperation and participation in statistical and data collection.