Families as Allies
840 E. River Place, Suite 500
Jackson, MS 39202
June 1, 2021

Drew Snyder, Executive Director
Division of Medicaid, Office of the Governor, Office of Policy
Walter Sillers Building, Suite 1000,
550 High Street,
Jackson, Mississippi 39201

Dear Mr. Snyder:

Thank you for the opportunity to submit public comments on Mississippi Administrative Code Title 23, Part 223, Rules 1.3, 1.5, 1.8, 2.5, and 6.1-6.6, the Division of Medicaid's (DOM) proposed policy to replace MYPAC with targeted case management for wraparound with individual medically necessary services purchased separately. I am respectfully submitting these comments on behalf of Families as Allies.

The Division's definition of targeted case management for people with intellectual disabilities includes ***freedom of choice*** (page 535 of the Medicaid Administrative Code): *"**The state assures that the provision of Targeted Case Management services to the target group will not restrict an individual's freedom of choice of providers** in violation of Section 1902(a)(23) of the Act.*

*1. Targeted Case Management services **will be available at the option of the beneficiary**.*
*2. A beneficiary who wishes to receive Targeted Case Management services will have freedom of choice to receive Targeted Case Management services from **any qualified provider of these services**.*
*3. Beneficiaries will have **freedom of choice of the qualified Medicaid providers of other medical care** as covered elsewhere in this Plan." (Emphasis added)*

Implementing targeted case management for Wraparound with fidelity to this definition would likely help address the current barriers that some families report regarding MYPAC being delivered consistently with family voice and choice, one of the ten key principles of wraparound:

- They are not always aware that they have been enrolled in MYPAC and/or do not recall being asked if they want the service, which does not appear consistent with services being available ***at the option of the beneficiary.***
- Rather than receiving wraparound care coordination from ***any qualified provider of these services***, families are typically referred to the provider who informs them about MYPAC, sometimes in conjunction with the child being discharged from that provider's residential facility.
- Families currently have the impression that they must receive all of their services from the organization providing the wraparound, in contrast to having ***freedom of choice of the qualified Medicaid providers of other medical care.*** In fact, families are sometimes told that they can no longer use Medicaid providers who are currently providing care to their child when their children are enrolled in MYPAC.
- Families enrolled in MYPAC are told that they must be seen three times per week and these visits must occur in their homes, even when they do not want visits this often or for people to come into

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- their homes. When we help do training with wraparound facilitators, they also seem to have the impression that they must see families three times a week and that these visits must take place in families' homes. Both families and providers seem to think that therapy is the main service that MYPAC can offer.
- There does not appear to be stepdown procedures for transitioning children out of the intensity of MYPAC.

To ensure that targeted case management, if implemented, is maximally effective for wraparound, these factors must be prioritized:

- Eligibility, prior authorization and determination of medical necessity must be set up in a way that ensures accountability but does not impede children and families from receiving needed services and supports in a timely manner.
- The monthly rate for targeted case management needs to cover the intensity that wraparound demands. We commend the DOM for working with the National Wraparound Initiative and other states to set a rate. We encourage this collaboration to continue over time to address any issues that arise during implementation.
- There must be no conflict of interest between an organization providing wraparound coordination and that same organization offering services that could be used by wraparound teams. This demands significant buy-in and understanding from agency leadership as well as well thought-out administrative policies, including internal firewalls between wraparound and service provision when agencies provide both.
- It will be important to ensure true freedom of choice and family voice and choice rather than different providers simply "exchanging" services. We believe that one way to ensure this is for families to choose their own Wraparound providers through their local and the state-level Making a Plan (MAP) teams.
- The Early Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit needs to be maximized. Current MYPAC services seem to rely heavily on therapy and medication management as opposed to looking at the full range of available services under EPSDT, including services that are not part of the state plan. We recommend these documents for further exploration of this issue:
  - May 2013 Joint Letter from CMS and SAMHSA
  - July 2013 Center for Medicaid Services (CMS) Letter to State Medicaid Directors
  - EPSDT: A Guide for the States
- The effectiveness and outcomes of services need to be evaluated independently of the providers offering services. If self-reported outcome measures are used, we recommend Pine Belt Mental Health's approach of measuring bed days pre and post service because this measure would be hard to influence, even unconsciously. Given that a recently released national study found that Care Management Entities delivered wraparound more effectively than do Community Mental Health Centers, we recommend this comparison be monitored within Mississippi as well.

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- The nationally accepted definition of family driven practice states: "*Family-driven means families have the primary role in decisions regarding their children as well as the policies and procedures governing the well-being of all children in their community, state, tribe, territory and nation.*" Families and family-run organizations should be at the table for any decisions involving wraparound.
- The Wraparound Implementation Guide: A Handbook For Administrators And Managers cautions (page 40) that Medicaid should not be relied upon as the sole source of funding for wraparound. A robust holistic approach to fund wraparound and its associated services, including the informal supports that are crucial to families, is a timely issue that the Interagency Coordinating Council for Children and Youth could address as it becomes re-established. The practical work of this coordination could then be carried out by local MAP Teams.
- Carefully monitoring all aspects of wraparound, including the administrative and fiscal policies of provider agencies and the State's Certification standards, is essential to the success of wraparound. This is a complex and demanding task. We urge the DOM to require that the Mississippi Wraparound Institute be included in any monitoring processes at any level and that the Institute be given authority to administer both technical assistance and requirements for corrective actions if either are warranted.

Sincerely,

Joy Hogge Type text here

Joy Hogge, PhD
Executive Director