

Families as Allies
840 E. River Place, Suite 500
Jackson, MS 39202
January 10, 2022



Lynda Stewart, Director of Children and Youth Services
Mississippi Department of Mental Health
ROBERT E. LEE OFFICE BUILDING
239 N Lamar St
Jackson, Mississippi 39201

Dear Ms. Stewart:

Families as Allies respectfully submits these public comments on the Department of Mental Health's proposed operational standards for Mississippi Youth Programs Around the Clock (MYPAC):

We urge the DMH to withdraw this policy because it appears to potentially conflict with state law, the Centers for Medicare and Medicaid Services requirements for Targeted Case Management, the values of high-fidelity Wraparound and the nationally accepted definition of family-driven practice. We also urge the Mississippi Division of Medicaid (DOM) to withdraw its parallel Title 23: Division of Medicaid, Part 223: EPSDT, Chapter 6: Expanded Rehabilitative Services, Rules 6.1-6.6. These are some, but not all, of the potential conflicts:

1. This policy does not appear to be consistent with state law. It does not address, and in fact seems to further confuse, the fundamental issue that underlie policy changes to MYPAC and Wraparound since May 2021 and issues that have plagued both for many years. *Mississippi state law states* that for children with serious emotional disturbance needing the support of more than one system, the *Mississippi statewide system of care shall provide for "Individualized service planning that uses a strengths-based, wraparound process."* This is the law: All families should be offered wraparound care coordination by someone who will not financially benefit from whatever services families choose. MYPAC is not in state law, but decisions regarding it seem to have been made as if is.

When implemented with fidelity, wraparound care coordination supports families in choosing a wide array of services from wherever they choose. This has typically not happened in Mississippi because wraparound has primarily been offered in conjunction with MYPAC, and MYPAC providers have an incentive to only offer their own services to families. This issue must be addressed before Mississippi's system of care can function in keeping with the law. The current policy refers to wraparound in passing, as if it is simply one other option that can be offered to families rather than what it is – the care coordination model that Mississippi has chosen, that is concretized in state law and that should be offered to families by someone who has no conflict of interest about letting families know about all services available to them. This policy seems to make it likely that providers will refer families to their own MYPAC program and not tell them about either wraparound or other services available to them. This is not in keeping with state law.

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State law also designates Making a Plan (MAP) teams, not provider organizations, as the single point of entry into the system of care for the population of children this policy describes, yet this policy does not incorporate MAP teams into the referral process for MYPAC.

2. This policy does not appear to be consistent with the Center for Medicare and Medicaid Services (CMS) federal requirements for conflict-free targeted case management, even though it describes a population that would typically be served by conflict-free targeted case management. On June 15, 2021 the DOM published [this policy](#) outlining how wraparound, the care coordination model in Mississippi state law, could be delivered in a manner consistent with CMS requirements for conflict free case management. The current policy appears to subvert the requirement for conflict free case management by eliminating it. This is not in keeping with state law or CMS requirements.
3. This policy does not seem family-driven. [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. This includes, but is not limited to:* 1. Identifying their strengths, challenges, desired outcomes/goals, and the steps needed to achieve those outcomes/goals; 2. *Designing, implementing, monitoring, and evaluating services, supports, programs, and systems;* 3. Choosing supports, services, and providers who are culturally and linguistically responsive and aware, and 4. *Partnering in decision-making at all levels.*” You shared with us during [Families as Allies’ discussion about this policy on October 28, 2021](#) that this policy was developed by the DOM and DMH. As far as we know, no families or family-run organizations had any input into this policy, although Families as Allies and families had been very involved up until the previous policy that DOM put into place on June 15, 2021 seemed to be withdrawn without any public explanation. It is not known if families and family-run organizations would have supported MYPAC continuing in its current format, and, if they did, what changes they would have suggested. As you know, Families as Allies has repeatedly shared in state-level Wraparound Partnership meetings these concerns from families about MYPAC, none of which appear to be addressed by this policy:
 - a. Families not knowing they are enrolled in MYPAC and not knowing they have a choice about services and service providers.
 - b. Families being told they cannot use providers of their choosing and must choose from those of the organization.
 - c. Families automatically being seen in their homes three times/week, the maximum allowed, with typically only one service being offered on each day. This seems to consistently occur even when families express that they do not want services in the home and/or at that frequency.
 - d. A lack of objective outcome data, and what data does exist (e.g., COMET scores) raises concerns about whether evidence-base services are occurring with fidelity.

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The nationally accepted definition of family-driven practice goes on to list values of family-driven practice, including ***“Providers, agencies, and systems take the initiative to change policy and practice from provider-driven to family-driven.”*** It is unclear why policies related to wraparound and MYPAC were changed without explanation or public input in July 2021, but it appears that it may have been response to providers of MYPAC prevailing upon statewide elected policy makers to ask DOM and DMH to make these changes. If that did happen, we suspect the policy makers were led to believe that families could only receive quality services if the policies were changed without being provided a fuller picture of what state law says, the issues related to MYPAC and wraparound and the possible influence of MYPAC billing on the discussion. It should be pointed out that all of the services currently offered through MYPAC can be offered through ICORT or on a fee for service basis so it appears that it is the method of paying for services, not the services themselves, that is the issue. MYPAC was previously billed at \$347 per day and the current version would be billed at \$200/day, even if just one hour of a low cost service is provided.

Whatever happened to being about this policy change, it appears that this policy was changed from one that was family-driven to provider-driven. That is very disheartening, discouraging and frustrating to us as a family-run organization and makes our attempts to genuinely partner with the DMH and DOM on the Interagency Coordinating Council for Children and Youth (ICCCY) and other system of care efforts seem hollow and disappointing.

4. One of the fundamental values of wraparound, the care coordination model in Mississippi state law, is family voice and choice. This policy limits family voice and choice by creating an incentive for providers to only offer their own services. The policy also limits families to receiving services only from MYPAC providers. Families have consistently given feedback that they want to be able to keep providers they are already using or would like to use when receiving MYPAC and see this as a negative aspect of MYPAC.

In addition to withdrawing their respective policies, we urge the DOM and DMH to refer this issue to the ICCCY to address, and then for the ICCCY as a whole to develop a process and approach to both wraparound and the delivery of evidence-based services to the children covered in statute and referenced in this policy. The ICCCY is designated in state law to “support the implementation of the plans of the respective state agencies for comprehensive, community-based, multidisciplinary care, treatment and placement of these children” and “to serve in an advisory capacity and to provide state level leadership and oversight to the development of the Mississippi Statewide System of Care.” We urge that the ICCCY, in public meetings with multiple broad-based options for public input, address:

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1. A model of wraparound implementation that is conflict-free, family-driven and is offered to all eligible families before they receive services so that they can choose the services that work for their child and family from any provider that is Medicaid eligible
2. A process for how MAP teams can serve as the single point of entry into the system of care, in keeping with state law, and be used to support families in choosing from any of the available wraparound and service providers in their area.
3. A process to gather data for the types of services families want and a service delivery model that would provide these services. If families want a MYPAC-type service, information on how it could be designed and implemented to be family-driven and conflict-free.
4. An analysis of [MYPAC billing patterns](#) and outcome data to ascertain lessons for system design.

There appear to be significant issues that can and will occur if this policy is reinstituted as is. We are also unclear as to why it was introduced at this time, but if we had more information about that, we would be very happy to work with the DMH, the DOM, families and other stakeholders to address those issues. We again strongly urge that the DMH withdraw this policy and that all stakeholders work together with the ICCCY to address any issues that led to this proposed policy in a manner that is inclusive, family-driven and consistent with wraparound principles and system of care values.

We think it would be a grave mistake for the DMH to proceed with this policy, but if it does, we recommend the following:

1. Require that agencies show that any family referred to MYPAC was first offered wraparound through the MAP team and that it was the MAP team or wraparound team, not the provider agency, that referred the family to MYPAC
2. That the psychologist/psychiatrist determining eligibility be chosen by the Division of Medicaid or a neutral agency and not a provider organization.
3. That prior authorization for MYPAC be required and units limited to two-month periods.
4. That the prior authorization requirements for wraparound be removed.
5. That any family receiving MYPAC be advised in writing of their rights to choose their services and service providers and be provided numbers they can call if their choices are limited.

We appreciate your consideration of this feedback.

Sincerely,

Joy Hogge, PhD

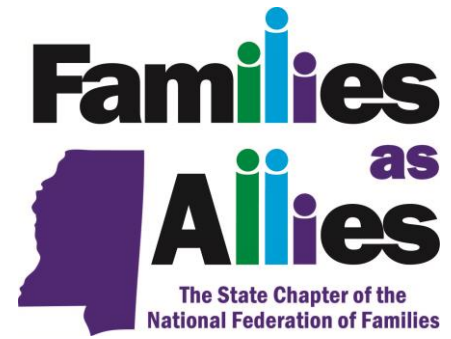
Executive Director

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