



# Interagency Coordinating Council for Children and Youth Meeting 11/16/21

# Mississippi's System of Care for Children's Mental Health



- Defined in statute** - Miss. Code Ann. § 43-14-1 ([authorizing legislation](#))
- Youth and children ages 0 – 21 who require services from a multiple programs and systems, and who can be successfully diverted from inappropriate institutional placement**
- Overseen by the Interagency Coordinating Council for Children and Youth**
- Based on **System of Care values** – family-driven youth guided, community based, culturally competent/ responsive
- Conducted in the most **fiscally responsible** manner possible
- Tied to **clinically and functionally appropriate outcomes**. Some of the outcomes are to *reduce the number of inappropriate out-of-home placements inclusive of those out-of-state and to reduce the number of inappropriate school suspensions and expulsions* for this population of children

# What Are the Duties of the ICCCY?



*Serve in an advisory capacity and to provide state level leadership and oversight to the development of the Mississippi Statewide System of Care*

*Meet and conduct business at least twice annually*

*Designate necessary staff of their departments to assist the ICCCY in performing its duties and responsibilities*

*Work to develop MAP teams statewide that will serve to become the **single point of entry for children and youth about to be placed in out-of-home care** for reasons other than parental abuse/neglect.*

*Facilitate monitoring of the performance of local MAP teams*

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# Duties of the ICCCY (continued)

The *ICCCY may provide input to one another and to the ISCC relative to how each agency utilizes its federal and state statutes, policy requirements and funding streams to identify and/or serve children and youth in the population defined in this section. The ICCCY shall support the implementation of the plans of the respective state agencies for comprehensive, community-based, multidisciplinary care, treatment and placement of these children*

Insure the *creation and availability of an annual pool of funds from each participating agency member* of the ICCCY that includes the amount to be contributed by each agency and a process for utilization of those funds

Each ICCCY member shall enter into a *binding memorandum of understanding* to participate in the further development and oversight of the Mississippi Statewide System of Care for the children and youth described in this section. The agreement shall outline the system responsibilities in all operational areas, including ensuring representation on MAP teams, funding, data collection, referral of children to MAP teams and "A" teams, and training





# Management Team for the ICCCY

***The Interagency System of Care Council (ISCC) is created to serve as the state management team for the ICCCY,*** with the responsibility of collecting and analyzing data and funding strategies necessary to improve the operation of the Mississippi Statewide System of Care \* \* \*, and to make recommendations to the ICCCY and to the Legislature concerning such strategies on, at a 150 minimum, an annual basis. The System of Care Council also has the responsibility of coordinating the local Multidisciplinary Assessment and Planning (MAP) teams and "A" teams and may apply for grants from public and private sources necessary to carry out its responsibilities.

# Interagency System of Care Council Membership

Member from each of the appropriate child-serving divisions or sections of the State Department of Health, the Department of Human Services (Division of Family and Children Services and Division of Youth Services), the State Department of Mental Health (Division of Children and Youth, Bureau of Alcohol and Drug Abuse, and Bureau of Intellectual and Developmental Disabilities), the State Department of Education (Office of Special Education and Office of Healthy Schools), the Division of Medicaid of the Governor's Office, the Department of Rehabilitation Services, and the Attorney General's office. Additional members - a family member of a child, youth or transition-age youth representing a family education and support 501(c)3 organization, working with the population named in this chapter designated by Mississippi Families as Allies, an individual with expertise and experience in early childhood education designated jointly by the Department of Mental Health and Mississippi Families as Allies, a local MAP team representative and a local "A" team representative designated by the Department of Mental Health, a probation officer designated by the Department of Corrections, a family member and youth or young adult designated by Mississippi Families as Allies for Children's Mental Health, Inc., (MSFAA), and a family member other than a MSFAA representative to be designated by the Department of Mental Health and the Director of the Compulsory School Attendance Enforcement of the State Department of Education



# Next Steps Re ISCC



## Brief Discussion

- Months for ongoing ICCCY meetings? Suggestion – April and November. Tuesdays at 10:30 were chosen in original poll. Proceed with doodle poll for that time in those months?
- Initial meeting date for ISCC? Suggestion - January and March
- Initial topics for ISCC? Suggestion – Orientation to statute and role and coordination of MAP team tasks

Report Out at end of meeting – Share your agency’s progress on naming members



## MAP Teams

The local interagency coordinating care MAP team or "A" team will ***facilitate the development of the individualized System of Care programs for the population targeted in Section 43-14-1.***

Each local MAP team and "A" team shall serve as the ***single point of entry and re-entry to ensure that comprehensive diagnosis and assessment occur*** and shall ***coordinate needed services through the local MAP team and "A" team members and local service providers*** for the children named in subsection. ***Local children in crisis shall have first priority*** for access to the MAP team and "A" team processes and local System of Care services.



# MAP Team Composition

*The MAP teams shall be comprised of one (1) representative each at the county level from the major child-serving public agencies for education, human services, health, mental health and rehabilitative services approved by respective state agencies and "A" teams at the county level by the appropriate staff. Three (3) additional members may be added to each team, one (1) of which may be a representative of a family education/support 501(c)3 198 organization with statewide recognition and specifically established for the population of children defined in Section 200 43-14-1. The remaining members will be representatives of significant community-level stakeholders with resources that can benefit the population of children defined in Section 43-14-1. The Department of Education shall assist in recruiting and identifying parents to participate on MAP teams and "A" teams.*



## A Teams

“For each local existing MAP team that is established pursuant to paragraph (a) of this subsection, there shall also be established an "A" (Adolescent) team which shall work with a MAP team. The "A" teams shall provide System of Care services for youthful offenders who have serious behavioral or emotional disorders”

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# Overview of MAP Teams

Currently 56 MAP Teams with about 45 meetings each month – [MAP Team overview](#)

All are currently meeting virtually and virtual options can likely be continued even if in person meetings resume.

[Current MAP Team data collection](#)





# State Level MAP Team

Not in statute or in standards so no current reporting process related to SOC.

Originally the State Level Case Review Team but became known as state level MAP Team as MAP teams developed

Likely significant overlap between its members and those who will be on ISCC

Reviews situations of families and children who have not been able to be served by local MAP teams, usually children who have been through multiple placements and may not currently have a place to go



# Next Steps Related to MAP Teams

Group – Identify any other initial data points that would be helpful for the ICCCY, including from state level MAP team

Group – Task ISCC with draft plan to coordinate State level MAP team with ISCC and reporting process to the ISCC?

Agencies at Report Out – Share your agency’s plan for supporting your system’s participation on MAP teams



# ICCCY and Funding

Insure the creation and availability of an annual pool of funds from each participating agency member of the ICCCY that includes the amount to be contributed by each agency and a process for utilization of those funds

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# Next Steps Re Funding

Group – Do we want to consider legislative request to support the basic work of the ICCCY?

Agencies at report out – Share any funding streams to support the ICCCY or general SOC work that your agency has identified





The ICCCY *may provide input to one another* and to the ISCC relative to *how each agency utilizes its federal and state statutes, policy requirements and funding streams to identify and/or serve children and youth in the population defined in this section.* The ICCCY *shall support the implementation of the plans of the respective state agencies for comprehensive, community-based, multidisciplinary care, treatment and placement of these children*

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Federal and state statutes

Policy requirements

Funding streams to identify and/or serve children and youth in the population defined in this section

The implementation of the plans of the respective state agencies for comprehensive, community-based, multidisciplinary care, treatment and placement of these children



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# Discussion Points on ICCCY Input to Each Other

General receptiveness to the concept

Would it have implications for MOUs?

What types of things would be shared? RFPs (both those agencies issue and those they respond to) and proposed policies have been suggested thus far





“Serve in an advisory capacity and to provide state level leadership and oversight to the development of the Mississippi Statewide System of Care”

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**WHAT DOES THIS IMPLY FOR ISSUES RELATED TO WRAPAROUND AND MYPAC?**

# Wraparound

***The Mississippi Statewide System of Care shall be:***

(a) Child centered, family focused, family driven and youth guided;

(b) Community based;

(c) Culturally competent and responsive; ***and shall provide for: .....***

***(vi) A comprehensive array of services composed of treatment and informal supports that are identified as best practices and/or evidence-based practices;***

***(vii) Individualized service planning that uses a strengths-based, wraparound process;***

(viii) Services in the least restrictive environment;

(ix) Family participation in all aspects of planning, service delivery and evaluation;



# Wraparound

A care coordination *process*, not a service, in use in MS since early 90s

The *care coordination process chosen by Mississippi through the ICCCY* to coordinate care for the children served by this statute and their families *across systems. The State worked with the National Wraparound Implementation Center to establish the Mississippi Wraparound Institute.*

The process is based on strengths, family voice and choice and incorporating a wide range of individualized formal and informal supports to form the child and family team.

Wraparound has promising evidence that it works when implemented with fidelity. Much effort has been put into high fidelity wraparound in MS

The Centers for Medicaid and Medicare Services considers wraparound a type of Targeted Case Management (TCM). TCM must be conflict-free per CMS

[Initial studies indicate that wraparound is delivered with the highest level of fidelity when delivered through Care management Entities rather than through Community Mental Health Centers](#)



# Conflict-Free Case Management Model





Children needing mental health support in Mississippi typically first come into contact with service providers so there is a natural tendency to share what services that agency can provide, and possibly mention wraparound. People who have the title case manager in mental health agencies may be more likely to provide different kinds of support in the community rather than be focused on helping families find supports and services from a wide range of providers.

## Mississippi Youth Programs Around the Clock (MYPAC)

**A set of services** originally developed as a Medicaid waiver demonstration project for youth with PRTF level needs in the early 2007. Originally included a wide array of formal and informal services and flexible funds in conjunction with wraparound care coordination. Application and implementation were coordinated through the ICCCY and included families.

The demonstration project was done through Youth Villages and Mississippi Children's Home Services (now Canopy). The requirement for conflict-free case management was waived due to lack of service options at that time so wraparound coordination was provided by the same provider who delivered services. This was never corrected as more services and service providers became available in the state

Was originally closely monitored for fidelity and outcomes and also coordinated with all of the bodies in the SOC statute

Paid at a bundled rate of \$347.74/day for any day on at least which 30 minutes of service is provided for up to 115 days per year (PRTF rates \$379.86 - \$446.42)

After MYPAC became a state plan service, it evolved to typically being therapy, case management (as opposed to wraparound facilitation) and peer support each being offered for 1 hour 1 x week in home (so three visits/week) without any change to the bundled rate. Family satisfaction with this model appears mixed.

The SOC statute requires evidence-based services be used. MYPAC is not in and of itself an evidence-based service.



# Relevant Entities

**Division of Medicaid** – Pays for Wraparound and MYPAC. Has standards for MYPAC, but as the payor for services, depends on the Department of Mental Health to set standards for mental health services.

**Managed Care Organizations** – Manage the care and associated costs for Medicaid. RFP for new contract will be issued soon.

**Department of Mental Health** – Certifies mental health services. Has certification standards for Wraparound and has proposed standards for MYPAC. Has standards for targeted case management, but not conflict-free case management

**Mississippi Wraparound Institute** – Established in 2014 in keeping with national standards. Provides training and coaching in wraparound and advises the state on best practices through its state-level partnership team. Works with provider and practice level teams as well. Does not have authority to impose consequences or require corrective actions.

**National Wraparound Implementation Center** – Has worked with Mississippi since the early 2000s on high fidelity wraparound and is currently providing TA to partnership team about state level policies and models that would be more consistent with high fidelity wraparound and CMS requirements for conflict-free case management.



# Timeline

May 2021 - [In response to CMS rules about targeted case management, the Division of Medicaid proposes to discontinue MYPAC, but provide wraparound as a type of targeted case management with medically necessary services billed separately](#)

June 11, 2021 – DOM [Public hearing held in response to providers' request and public comments](#) [Families as Allies' public comments](#)

June 15, 2021 - [DOM announces increased rate for Wraparound with medically necessary services billed separately.](#) Includes the option of using ICORT for bundled-type services,

September 13, 2021 – [CMS approves a MS DOM State Plan Amendment to bring back a version of MYPAC retroactive to July 1, 2021. SPA does not prescribe number of sessions but is limited to clinical services and peer support delivered by a DMH certified provider.](#) Rate study undertaken. It is not clear what led to the decision to bring back MYPAC, but appears likely to be related to feedback from providers

October 15, 2021 – [MS DMH issues provider bulletin that states](#) “ In collaboration with the Mississippi Division of Medicaid (DOM), DMH has developed rules for the service, MYPAC, and is now certifying this service so that applicable providers have the continued opportunity to provide this important service to Mississippi’s children and youth and their families” Bulletin is accompanied by these [temporary standards](#), which offer four mental health services and require contact 3 times per week.



# MYPAC Billing



## HEALTHEXPLORER

DSS/DW Subsystem

As of 6/30/2021

RFI for MYPAC Provider Expenditures

Providers specified by requestor

Claim Status = P - Paid Claims

Medicaid Paid Date: 07/01/2020-06/30/2021



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Provider ID	Name	DBA Name	Type*	Paid Amount
00759838	YOUTH VILLAGES INC	YOUTH VILLAGES INC	FFS	\$2,086,488.00
00759838	YOUTH VILLAGES INC	YOUTH VILLAGES INC	MC	\$14,010,441.22
01475791	REGION TEN MYPAC	REGION TEN MYPAC	FFS	\$33,695.70
01475791	REGION TEN MYPAC	REGION TEN MYPAC	MC	\$77,387.24
05731359	REGION 12 COMMISSION ON MH MR	PINE BELT MENTAL HEALTHCARE RESOU	FFS	\$49,552.50
05731359	REGION 12 COMMISSION ON MH MR	PINE BELT MENTAL HEALTHCARE RESOU	MC	\$415,215.03
07152543	MISSISSIPPI CHILDRENS HOME SOCIETY	CANOPY CHILDREN'S SOLUTIONS	FFS	\$885,007.65
07152543	MISSISSIPPI CHILDRENS HOME SOCIETY	CANOPY CHILDREN'S SOLUTIONS	MC	\$6,718,976.91
09581272	LIFE HELP	LIFE HELP	FFS	\$106,042.35
09581272	LIFE HELP	LIFE HELP	MC	\$561,655.62

\*FFS = Fee-for-Service; MC = Managed Care