Administrative Code

Title 23: Medicaid
Part 206
Mental Health Services

Title 23: Division of Medicaid

Part 206: Mental Health Services

Part 206 Chapter 2: Mississippi Youth Programs Around the Clock (MYPAC)

Rule 2.1: Purpose

A. Its purpose is to provide home and community-based services to youth with serious emotional disturbance (SED).

B. Youth with SED are eligible to participate in the MYPAC demonstration program if they are at immediate risk of requiring treatment in a Psychiatric Residential Treatment Facility (PRTF) or if they are already in a PRTF and are ready to transition back to the community.

Source: Miss. Code Ann. § 43-13-121; 99-660 (1986); 101-639 (1990); Public Law 102-321 (1992); OBRA Section 4755; 43-13-117(46); 43-14-1

History: Revised – 11/01/2012

Rule 2.2: Eligibility

A. Applicants must meet clinical, financial, and age criteria to participate in the MYPAC program. Enrollment in MYPAC ended on September 30, 2012, per Centers for Medicare and Medicaid Services (CMS).

1. Clinical criteria: The Utilization Management and Quality Improvement Organization (UM/QIO) for the Division of Medicaid determines clinical eligibility and the appropriateness of the proposed delivery of services to program participants. The UM/QIO reviews and prior authorizes the provision of services.

    a) The youth must be 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 within the DSM on Axis I;

    b) 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 score is suppressed due to psychiatric illness; and

    c) A youth meets the same level of care (LOC) for admission to a Psychiatric Residential Treatment Facility (PRTF), but can be diverted to MYPAC as an alternative to residential treatment.

d) A youth is currently a resident of a PRTF or acute care facility, who continues to meet the LOC for residential treatment, but the can be transitioned back into the community with MYPAC services.

2. Financial criteria: The Division of Medicaid eligibility offices must determine an applicant's financial eligibility for the program.

3. Age: The youth must be admitted prior to his/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.

B. An annual re-evaluation is required in order for a participant to be eligible to continue receiving services through MYPAC.

1. The re-evaluation recommendation must be made by the MYPAC treatment team psychiatrist or licensed psychologist, and must take into account the participant/family progress toward goals and the results of the Child and Adolescent Needs and Strengths – Mental Health (CANS-MH).

2. The re-evaluation is used for LOC determination and also guides and informs treatment.

C. When a participant is found clinically ineligible, the family will receive a Notice of Action advising them of the status of clinical eligibility and their appeal rights, including the right to a fair hearing. Refer to Part 300, Chapter 1.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 441, Subpart D; 43-13-117(46); 43-14-1; 42 USC 1396a(a)(10)(A); 42 CFR 483.352 OBRA Section 455

History: Revised – 11/01/2012

Part 206 Chapter 3: Mississippi Youth Programs Around the Clock – Intensive Outpatient Psychiatric (MYPAC-IOP) Services

Rule 3.1: Purpose

A. Beneficiaries up to the age of twenty-one (21) with SED are eligible to receive MYPAC-IOP services if they are at immediate risk of requiring treatment in a Psychiatric Residential Treatment Facility (PRTF) or if they are receiving services in a PRTF and are ready to transition back to the community.

B. The Division of Medicaid defines MYPAC-IOP services as intensive outpatient psychiatric (IOP) services that assist beneficiaries and their families in gaining access to needed mental health services as well as medical, social, educational and other services regardless of the funding source for those other services and includes service coordination that involves finding and organizing multiple treatment and support services.

C. The purpose of MYPAC-IOP services is to provide home and community-based services to beneficiaries up to the age of twenty-one (21) with serious emotional disturbance (SED) that:

1. Exceed the resources of a single agency or service provider,

2. Experience multiple acute hospital stays,

3. Are at risk of out-of-home placement, or

4. Have been recommended for residential care or 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.

Source: Miss. Code Ann. § 43-13-121; 99-660 (1986); 101-639 (1990); Public Law 102-321 (1992); OBRA Section 4755; 43-13-117(46); 43-14-1

History: 11/01/2012

Rule 3.2: Eligibility

A. Beneficiaries must be admitted prior to his/her twenty-first (21st) birthday. If a beneficiary is already receiving MYPAC-IOP services prior to age twenty-one (21), he/she may remain in MYPAC-IOP until treatment is completed or the beneficiary's twenty-second (22nd) birthday, whichever occurs first.

B. The Utilization Management and Quality Improvement Organization (UM/QIO) for the Division of Medicaid reviews and prior authorizes the provision of services for beneficiaries based on the following clinical criteria:

1. Must be 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 within the Diagnostic and Statistical Manual (DSM) on Axis I;

2. 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 score is suppressed due to psychiatric illness; and

3. Is currently a resident of a PRTF or acute care facility, who continues to meet the LOC for residential treatment but can be transitioned into the community with MYPAC-IOP services or meets the same level of care (LOC) for admission to a PRTF but can be diverted to MYPAC-IOP as an alternative to residential treatment.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 441, Subpart D; 43-13-117(46); 43-14-1; 42 USC 1396a(a)(10)(A); 42 CFR 483.352 OBRA Section 455

History: 11/01/2012

Rule 3.3: Provider Participation Requirements

A. Providers of MYPAC-IOP services must satisfy all requirements set forth in Part 200, Chapter 4, Rule 4.8.

B. MYPAC-IOP services providers must also meet the following provider specific requirements:

Submit a completed proposal package and enter into a provider agreement with the Division of Medicaid,

Provide MYPAC-IOP services by mental health providers who meet the Mississippi Department of Mental Health (DMH) certification requirements, and

Have a current Medicaid provider number.

4. Hold certification by DMH to provide wraparound facilitation,

5. Have a psychiatrist on staff,

6. Have appropriate clinical staff to provide therapy services needed,

7. Inform DOM in writing of any critical incidents, including but not limited to, life-threatening, allegations of staff misconduct, or abuse/neglect and describe staff management of the incident,

8. Inform the beneficiary/family of grievance and appeals procedures,

9. Report all grievances and appeals to the Division of Medicaid,

10. Employs staff who meet the Division of Medicaid qualifications for the category of service they provide;

11. Conduct Quality Assurance activities to regularly review each beneficiary's Individualized Service Plan (ISP) and treatment outcomes,

12. Have procedures in place for availability and response twenty-four (24) hours a day, seven (7) days a week, and

13. Notify the Division of Medicaid of changes in the Administrative/Program Director, Medical Director/Psychiatrist or Clinical Director, and Regional Supervisor within seventy-two (72) hours of the effective change.

Source: Miss. Code Ann. § 43-13-121; 43-13-117; 43-13-118; 43-13-129; 42 CFR 441, Subpart D; 42 CFR 441.151(a)(2)

History: 11/01/2012

Rule 3.4: MYPAC-IOP Services Requirements

A. MYPAC-IOP providers are required to provide or arrange for the provision of wraparound facilitation defined as the creation and facilitation of a beneficiary and family team for the purpose of developing a single individual service plan (ISP) to address the needs of the beneficiary with complex mental health challenges and their families.

B. MYPAC-IOP wraparound facilitation must be provided in accordance with high fidelity and quality wraparound practice and include the following:

1. Engaging the family,

2. Assembling the beneficiary and family team which includes:

    a) The wraparound facilitator,

    b) The beneficiary's service providers, any involved beneficiary serving agency representatives and other formal supports, as appropriate,

    c) The caregiver/guardian,

    d) Other family or community members serving as informal supports, as appropriate, and

    e) Other identified youth, unless there are clear clinical indications this would be detrimental which must be documented clearly throughout the medical record.

3. Facilitating a beneficiary and family team meeting, at minimum, once a-month,

4. Facilitating the development of an ISP through decisions made by the beneficiary and family team during the beneficiary and family team meeting, including a plan for anticipating, preventing and managing crisis,

5. Working with the team in identifying providers of services and other community resources to meet family and beneficiary needs,

6. Making necessary referrals for beneficiaries,

7. Documenting and maintaining all information regarding the ISP, including revisions and beneficiary and family team meetings,

8. Presenting ISP for approval,

9. Providing copies of the ISP to the entire team including the beneficiary and family/guardian,

10. Monitoring the implementation of the ISP and revising if necessary to achieve outcomes,

11. Maintaining communication between all beneficiaries and family team members,

12. Evaluating the progress toward needs being met to ensure the referral behaviors have decreased,

13. Leading the team to discuss and ensure the supports and services continue to meet the caregiver and beneficiary's needs,

14. Educating new team members about the wraparound process, and

15. Maintaining team cohesiveness.

C. MYPAC-IOP staff must be appropriately trained or professionally qualified to provide services and include the following:

1. Psychiatrist who:

a) Must participate in the development of the ISP and is a beneficiary and family team member.

b) Is responsible for medication management defined by the Division of Medicaid as medication treatment and monitoring services which include the prescribing of medication(s) in the treatment and management of the beneficiary's SED designed to alleviate symptoms and promote psychological growth and includes:

1) Prescribing medication(s) to treat the beneficiary's SED,

2) Educating the wraparound team concerning the effects, benefits, and proper use and storage of any medication(s) prescribed for the treatment of the beneficiary's SED,

3) Assisting with the administration or monitoring the administration of any medication(s) prescribed for the treatment of the beneficiary's SED, and

4) Arranging for any physiological testing or other evaluation necessary to monitor the beneficiary for adverse reactions to, or for other health-related issues that might arise in conjunction with, the taking of any medication(s) prescribed for the treatment of the beneficiary's SED.

c) Must be in a practice agreement with and supervise any licensed/certified Psychiatric Mental Health Nurse Practitioner (PMHNP) who assists with their responsibilities.

d) Must meet face-to-face or by telepsychiatry with the beneficiary and family at the frequency documented in the ISP.

2. Master's level mental health therapist who:

a) Provides psychotherapy defined as the intentional, face-to-face interaction between a mental health professional and a beneficiary which establishes a therapeutic relationship to resolve symptoms of the beneficiary's mental and/or emotional disturbance.

b) MYPAC-IOP psychotherapy includes the following:

1) Family Therapy is defined as psychotherapy between a mental health therapist and a beneficiary's family members or guardians, with or without the presence of the beneficiary.

i) Family Therapy promotes psychological and behavioral changes within families and meets on a regular basis.

ii) Family Therapy can include Department of Human Services (DHS) representatives or foster family members, acting in loco parentis, for beneficiaries in the custody of the DHS,

2) Group Therapy is defined as psychotherapy between a mental health therapist and at least two (2), but no more than eight (8), individuals at the same time.

i) Group Therapy promotes psychological and behavioral changes with groups typically meeting on a regular basis and includes, but not limited to, focusing on relaxation training, anger management and/or conflict resolution, social skills training, and self-esteem enhancement.

ii) If a group is co-led by two (2) mental health therapists, up to twelve (12) individuals may participate at the same time.

3) Individual Therapy is defined as psychotherapy between a mental health therapist and a beneficiary reliant upon interaction between therapist/clinician and beneficiary to promote psychological and behavioral change.

3. Wraparound Facilitator who:

a) Is identified as only one (1) MYPAC-IOP provider staff for each beneficiary and family and ensures appropriate case management services are identified and accessed.

b) Facilitates the development of the ISP through decisions made by the wraparound team.

c) Facilitates the beneficiary and family team meetings and assures all team members have the opportunity to participate.

d) Assists the wraparound team in identifying goals and interventions based on the strengths and needs of the beneficiary and family.

e) Ensures needed resources are in place for the family.

f) Receives training to identify different levels of intervention on an Individualized Crisis Management Plan (ICMP), the different stages of a crisis, and how a crisis may be defined differently by each family.

g) Accesses and links identified services to the beneficiary and family which must be completed before the beneficiary is discharged from MYPAC-IOP in order to achieve a successful transition.

h) Available twenty-four (24) hours a day, seven (7) days a week to a beneficiary and family for assistance.

i) Has completed the Introduction to Wraparound Three (3)-day training.

j) Must participate in ongoing coaching and training as defined by the Division of Medicaid.

4. Wraparound Facilitator supervisor who:

a) Has completed the Introduction to Wraparound three (3)-day training,

b) Must participate in ongoing coaching and training as defined by the Division of Medicaid, and

c) Supervise staff providing services to beneficiaries and families a minimum of four (4) hours of clinical supervision per month provided through a combination of individual supervision, group supervision, peer consultation and participation in wraparound meetings. Documentation must clearly identify the supervision component.

5. Provider Organization providing wraparound facilitation which:

a) Must be participating in the wraparound certification process through the Division of Medicaid or its designee, and

b) Must ensure the case load for wraparound facilitators is maintained at an average of not more than ten (10) cases per wraparound facilitator.

D. MYPAC-IOP services 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.

3. Physical health and welfare services that include assistance to the family in obtaining screenings from the MS Medicaid Cool Kids Program or EPSDT services.

4. Educational and/or vocational services to assist with school performance and/or provide support for employment.

5. Recreational activities to identify skills and talents, enhance self-esteem, and increase opportunities for socialization.

6. Other supports and services as identified by the family and beneficiary and family team.

E. Service requirements, at minimum, include the following:

1. Facilitate a beneficiary and family team meeting once a month,

2. Meet face-to-face with MYPAC-IOP beneficiary once a week,

3. Meet face-to-face with the family twice a month,

4. Contacts related to ISP implementation must occur at least three (3) times a week, and

5. MYPAC-IOP beneficiaries on medication(s) used in the treatment of the beneficiary's SED must see a doctor, at a minimum, every ninety (90) days for medication management and monitoring.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 441, Subpart D; 43-13-117(46); 43-14-1; 42 CFR 441.151(a)(2); Source: Section 43-13-117 (16) of the Mississippi Code of 1972, as amended; Section 43-13-121 of the Mississippi Code of 1972, as amended.

History: 11/01/2012

Rule 3.5: Individual Service Plans (ISP)

A. For the purpose of this rule, an ISP may be referred to as the treatment plan, wraparound plan, or case management plan depending on the service which directs the treatment of the beneficiary.

B. The Division of Medicaid defines the ISP as a written, detailed document integral to the wraparound process and is beneficiary/family driven. An ISP must be developed by the beneficiary and family team and is individualized for each MYPAC-IOP beneficiary.

1. The ISP must include the following:

    a) Services to be provided,

    b) Frequency of service provision,

    c) Staff providing each service and their qualifications,

    d) Formal and informal supports available to the beneficiary and family, and

    e) Plans for anticipating, preventing and managing crises.

2. Every ISP must include an Individualized Crisis Management Plan (ICMP) which:

    a) Is developed during the beneficiary and family team meeting based on the individualized preferences of the beneficiary and family.

    b) Identifies triggers that may lead to potential crisis or risk,

    c) Identifies interventions and strategies to mitigate a potential risk to avoid a crisis.

    c) Identifies natural supports that may decrease the potential for a crisis to occur.

    d) Identifies specific needs of families and tailor the level of intervention.

    e) Provides responses readily accessible at any time to the beneficiary and family.

    f) Contains contact information for those involved at all levels of intervention during the crisis.

    g) Provides for crisis debriefing after the crisis has been resolved.

    h) Must be provided to the beneficiary and family along with a copy of the ISP, ICMP and contacts.

3. The wraparound facilitator monitors the ISP continuously through face-to-face visits with the beneficiary and family.

    a) The beneficiary and family team reviews the ISP at least once a month through a beneficiary and family team meeting.

    b) The ISP is updated or revised when warranted by changes in the beneficiary's needs.

c) A licensed clinical staff member is responsible for attending the beneficiary and family team meeting at ninety (90) days and for submitting the updated ISP to the psychiatrist for review following the meeting.

d) The beneficiary and family team must participate in the development of the initial ISP, any ISP revisions and the discharge ISP, which includes at a minimum the psychiatrist, a licensed clinical staff member, the wraparound facilitator, the beneficiary and family.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 441, Subpart D; 43-13-117(46); 43-14-1

History: 11/01/2012

Rule 3.6: Clinical Documentation Requirements

A. Beneficiary records must be complete, accurate, accessible and organized.

1. Clinical documents must include begin and end time for each contact.

2. Records must be maintained for a period of five (5) years after the beneficiary reaches age twenty-one (21).

3. Refer to Maintenance of Records Part 200, Ch.1, Rule 1.3.

B. Records must contain the following categories:

1. Administrative documentation must include:

a) Demographic information that includes date of birth, gender, and race,

b) Copy of the beneficiary's birth certificate and/or social security card,

c) Copy of any legal documents verifying custody or guardianship of the beneficiary when the responsible party is anyone other than the beneficiary's legal parent(s),

d) Name, address and phone number of the party bearing legal responsibility for the beneficiary clearly identified with his/her relationship to the beneficiary,

e) Assigned county of custody and the caseworker identified as an agent of DHS if the beneficiary is in the custody of DHS, and

f) Documents signed and dated by the beneficiary and/or family that inform them of:

1) Beneficiary's rights and responsibilities,

2) Consent for treatment,

3) Complaints and grievances procedures, and

4) Appeals and right to fair hearing.

2. Assessments must include:

a) Independent psychiatric or psychological evaluation and IQ testing.

b) Bio-psychosocial assessment that includes:

1) Developmental profile,

2) Behavioral assessment,

3) Assessment of the potential resources of the beneficiary's family,

4) Medical history,

5) Current educational functioning,

6) Family and beneficiary strengths and needs, and

7) Child and Adolescent Needs and Strengths – Mental Health (CANS-MH) or other valid tool to assess outcomes.

3. Treatment Planning must include:

a) ISP that is signed and dated by the beneficiary and family team and in place within fourteen (14) days of enrollment in MYPAC-IOP and reviewed with the beneficiary and family team once a month,

b) ICMP included in the ISP,

c) Documentation treatment planning is occurring in the beneficiary and family team meetings, and

d) Treatment planning is directed by the MYPAC-IOP beneficiary and family.

4. Services provided must include:

a) Wraparound facilitation progress notes which document:

1) The relationship of services to identified needs of family and beneficiary as stated in the ISP,

2) Detailed narration from face-to-face meetings with beneficiary and/or family, or collateral contacts, including setting, crisis, barriers and successes, and

3) Date and signature of wraparound facilitator.

b) Beneficiary and family team meeting notes which document:

1) The purpose and results of services provided consistent with the needs outlined in the ISP,

2) Changes to ISP, including dates and reason for changes,

3) Treatment successes,

4) Implementation of the ICMP and outcome, if used,

5) Names and positions or roles of each team member, and

6) Dates and signatures of participating team members.

c) In-home respite or community-based respite services, if used, which document the reason, location, and dates.

d) Medication management and monitoring documentation must include:

1) Evidence the treating psychiatrist has managed all beneficiary SED medication(s) at least every 90 days, including but not limited to, reviewing, revising, adjusting, discontinuing and monitoring.

2) If the family chooses a different physician to prescribe medication(s) used in the treatment of the beneficiary's SED, the psychiatrist employed by the MYPAC-IOP provider as Medical Director must be involved in the beneficiary and family team meeting.

3) Medication(s) to treat the beneficiary's SED are accurately administered by the family in accordance with the physician or PMHNP's orders.

4) Informed consent for medication(s) used in the management of the beneficiary's SED is signed by the parent/guardian and beneficiary, if age appropriate, identifying the symptoms the medications target and evidence education has been provided.

4) Effectiveness of medication(s) to treat the beneficiary's SED.

5) Current medication(s) to treat the beneficiary's SED as reflected in the medication profile sheet.

6) Assistance to family with obtaining, administering and monitoring any medication(s) prescribed for the treatment of the beneficiary's SED.

7) Assessment for side effects of medication(s) to treat the beneficiary's SED including physiological testing or other evaluations necessary to monitor for adverse reactions or other health related issues that might arise from taking medication(s) to treat the beneficiary's SED.

8) Regular monitoring of medication(s) to treat the beneficiary's SED by the MYPAC-IOP provider and reporting any inconsistencies to the treating psychiatrist.

e) Psychotherapy notes must include:

1) Date of session,

2) Time session began and time session ended,

3) Specify if therapy is individual, family or group,

4) Person(s) participating in session,

5) Clinical observations about the beneficiary and/or family, including demeanor, mood, affect, mental alertness, and thought processes,

6) Content of the session,

7) Therapeutic interventions attempted and beneficiary/family's response to the intervention,

8) Beneficiary's response to any significant others who may be present in the session,

9) Outcome of the session,

10) Statement summarizing the beneficiary and/or family's degree of progress toward the treatment goals,

11) Signature, credentials and printed name of therapist,

12) Notes for each session. Monthly summaries are not acceptable in lieu of psychotherapy session notes.

5. Discharge planning must include:

    a) Documentation discharge planning began the first (1st) day of admission.

    b) Documentation must reflect discharge planning is done with the beneficiary and family through the wraparound process.

    c) The record must contain a signed copy of the final discharge plan with signatures of the MYPAC-IOP beneficiary and caregiver/guardian at the time of discharge.

Source: Miss. Code Ann. § 43-13-121; 43-13-117; 43-13-118; 43-13-129; 42 CFR 441, Subpart D

History: 11/01/2012

Rule 3.7: Special Procedures

The use of special procedures, including but not limited to, restraints or seclusion, for beneficiaries in a community setting is prohibited.

Source: Miss. Code Ann. § 43-13-121; 42 CFR § 441. Subpart D; 42 CFR 483, Subpart G

History: 11/01/2012

Rule 3.8: Discharge/Transition Planning

A. For all beneficiaries receiving MYPAC-IOP services, discharge planning must begin at the time of admission and the MYPAC-IOP provider is responsible for assisting the family with transition plans through the wraparound process.

B. The wraparound facilitator must access and link appropriate services to the beneficiary and family prior to disenrollment.

C. Discharge from MYPAC-IOP services occurs when the beneficiary:

    1. Reaches twenty-two (22) years of age or “ages out”,

    2. Or family utilizes freedom of choice to discontinue MYPAC-IOP services,

    3. Moves out of state,

    4. No longer meets the criteria or needs the intensity of services provided by MYPAC-IOP, or

    5. Admits to an acute care facility or PRTF.

D. At the time of the beneficiary's discharge from MYPAC-IOP, the discharge/transition plan should be amended to include any of the following if there is a change:

1. MYPAC-IOP services begin and end date,

2. Reason for discharge,

3. The name of the person or agency that cares for and has custody of the beneficiary,

4. The physical location/address where the beneficiary resides,

5. A list of the beneficiary's diagnoses,

6. Detailed information about all the beneficiary's prescribed medication(s) to treat the beneficiary's SED including the names, strengths and dosage instructions in layman's language and any special instructions, including but not limited to, lab work requirements,

7. Information connecting the beneficiary and family with community resources and services, including but not limited to:

    a) Address of where follow-up mental health services will be obtained with contact name and phone number.

    b) School the beneficiary will attend with name and contact information of identified educational staff.

    c) Other recommended resources, including recreational, rehabilitative, or other special programs including the corresponding contact information.

    d) Date, time, and location of any scheduled appointments.

8. Detailed and specific recommendations in writing about the beneficiary's participation in the MYPAC-IOP program including successful techniques in areas of behavior management, mental health treatment and education, and

9. The offer of a full array of community-based mental health services for beneficiaries.

E. At the time of the beneficiary's discharge from MYPAC-IOP services, the provider must give the parent/guardian:

1. A written copy of the final discharge plan, and

2. A written prescription for a thirty (30) day supply of all medications used for the management of the beneficiary's SED if the current supply does not exceed thirty (30) days.

F. The provider must obtain signed consent from the beneficiary and family to provide copies of the final discharge plan to the providers of follow-up mental health, education and other agreed-upon services to be provided after discharge.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 441, Subpart D; 43-13-117(46); 43-14-1

History: 11/01/2012

Rule 3.9: Grievances, Appeals and Fair Hearings

A. The Division of Medicaid defines grievances as a complaint filed about unfair treatment.

1. MYPAC-IOP providers must:

a) Maintain records of all grievances received,

b) Track grievances and responses, and

c) Establish a grievance system that includes written policies and procedures,

2. MYPAC-IOP providers must report to the Division of Medicaid:

a) Within two (2) business days of receipt all grievances by beneficiaries and/or family members or third-parties on behalf of beneficiaries, and

b) Submit a quarterly report summarizing each grievance, either on-going or resolved, reported during the quarter.

B. The Division of Medicaid defines an appeal as a formal request to change an adverse decision by the MYPAC-IOP provider who must:

1. Have written appeal process policies and procedures which includes a Notice of Action defined as notification to the beneficiary/family within ten (10) days before the date of terminating, suspending or reducing any service by the MYPAC-IOP provider to,

2. Maintain records of any appeals including those received by subcontractors,

3. Forward any formal appeal requests including the Notice of Action to the Division of Medicaid within two (2) business days of receipt,

4. Submit a quarterly report to the Division of Medicaid summarizing each appeal, either on-going or resolved, that was received during the quarter.

5. Participate, at the provider's sole expense, in any review, appeal, fair hearing or litigation involving issues related to MYPAC-IOP at the request of the Division of Medicaid.

C. The Division of Medicaid defines a fair hearing as a process initiated when a beneficiary or family disagrees with an adverse decision following an appeal to the MYPAC-IOP provider.

1. The beneficiary or family must request an appeal and receive an adverse decision from the provider prior to requesting a fair hearing.

2. Refer to Part 300 Appeals, Chapter 1: Appeals, Rule 1.3: Administrative Hearings for Beneficiaries.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 438 Subpart F, 42 CFR 431 Subpart E

History: 11/01/2012

Rule 3.10: Critical Incidents Occurrences

A. The Division of Medicaid defines critical incidents as any occurrence that results in injury, abuse, neglect or exploitation of a MYPAC-IOP beneficiary. MYPAC-IOP providers must have written policies for documenting and reporting all critical incidents/occurrences which must include the following:

1. Reporting critical incidents in writing within one (1) business day to the Division of Medicaid.

2. Reporting to appropriate authorities any suspected abuse or neglect to the Mississippi Department of Human Services (DHS) and participate in investigations.

3. A written description of events and actions.

4. Documentation that explains follow-up, resolution, and debriefing.

B. Critical incidents that must be reported include, but are not limited to:

1. Life-threatening injuries,

2. Allegations of staff misconduct,

3. Allegations of sexual activity between MYPAC-IOP beneficiaries and providers,

4. Allegations of abuse or neglect of a beneficiary, and/or

5. Runaway of a beneficiary.

Source: Miss. Code Ann. § 43-13-1

History: 11/01/2012

Title 23: Division of Medicaid

Part 206: Mental Health Services

Part 206 Chapter 2: Mississippi Youth Programs Around the Clock (MYPAC)

Rule 2.1: Purpose

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1. Clinical criteria: The Utilization Management and Quality Improvement Organization (UM/QIO) for the Division of Medicaid determines clinical eligibility and the appropriateness of the proposed delivery of services to program participants. The UM/QIO reviews and prior authorizes the provision of services.

    a) The youth must be 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 within the DSM on Axis I;

    b) 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 score is suppressed due to psychiatric illness; and

    c) A youth meets the same level of care (LOC) for admission to a Psychiatric Residential Treatment Facility (PRTF), but can be diverted to MYPAC as an alternative to residential treatment.

d) A youth is currently a resident of a PRTF or acute care facility, who continues to meet the LOC for residential treatment, but the can be transitioned back into the community with MYPAC services.

2. Financial criteria: The Division of Medicaid eligibility offices must determine an applicant's financial eligibility for the program.

3. Age: The youth must be admitted prior to his/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.

B. An annual re-evaluation is required in order for a participant to be eligible to continue receiving services through MYPAC.

1. The re-evaluation recommendation must be made by the MYPAC treatment team psychiatrist or licensed psychologist, and must take into account the participant/family progress toward goals and the results of the Child and Adolescent Needs and Strengths – Mental Health (CANS-MH).

2. The re-evaluation is used for LOC determination and also guides and informs treatment.

C. When a participant is found clinically ineligible, the family will receive a Notice of Action advising them of the status of clinical eligibility and their appeal rights, including the right to a fair hearing. Refer to Part 300, Chapter 1.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 441, Subpart D; 43-13-117(46); 43-14-1; 42 USC 1396a(a)(10)(A); 42 CFR 483.352 OBRA Section 455

History: Revised – 11/01/2012

Part 206 Chapter 3: Mississippi Youth Programs Around the Clock – Intensive Outpatient Psychiatric (MYPAC-IOP) Services

Rule 3.1: Purpose

A. Beneficiaries up to the age of twenty-one (21) with SED are eligible to receive MYPAC-IOP services if they are at immediate risk of requiring treatment in a Psychiatric Residential Treatment Facility (PRTF) or if they are receiving services in a PRTF and are ready to transition back to the community.

B. The Division of Medicaid defines MYPAC-IOP services as intensive outpatient psychiatric (IOP) services that assist beneficiaries and their families in gaining access to needed mental health services as well as medical, social, educational and other services regardless of the funding source for those other services and includes service coordination that involves finding and organizing multiple treatment and support services.

C. The purpose of MYPAC-IOP services is to provide home and community-based services to beneficiaries up to the age of twenty-one (21) with serious emotional disturbance (SED) that:

1. Exceed the resources of a single agency or service provider,

2. Experience multiple acute hospital stays,

3. Are at risk of out-of-home placement, or

4. Have been recommended for residential care or 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.

Source: Miss. Code Ann. § 43-13-121; 99-660 (1986); 101-639 (1990); Public Law 102-321 (1992); OBRA Section 4755; 43-13-117(46); 43-14-1

History: 11/01/2012

Rule 3.2: Eligibility

A. Beneficiaries must be admitted prior to his/her twenty-first (21st) birthday. If a beneficiary is already receiving MYPAC-IOP services prior to age twenty-one (21), he/she may remain in MYPAC-IOP until treatment is completed or the beneficiary's twenty-second (22nd) birthday, whichever occurs first.

B. The Utilization Management and Quality Improvement Organization (UM/QIO) for the Division of Medicaid reviews and prior authorizes the provision of services for beneficiaries based on the following clinical criteria:

1. Must be 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 within the Diagnostic and Statistical Manual (DSM) on Axis I;

2. 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 score is suppressed due to psychiatric illness; and

3. Is currently a resident of a PRTF or acute care facility, who continues to meet the LOC for residential treatment but can be transitioned into the community with MYPAC-IOP services or meets the same level of care (LOC) for admission to a PRTF but can be diverted to MYPAC-IOP as an alternative to residential treatment.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 441, Subpart D; 43-13-117(46); 43-14-1; 42 USC 1396a(a)(10)(A); 42 CFR 483.352 OBRA Section 455

History: 11/01/2012

Rule 3.3: Provider Participation Requirements

A. Providers of MYPAC-IOP services must satisfy all requirements set forth in Part 200, Chapter 4, Rule 4.8.

B. MYPAC-IOP services providers must also meet the following provider specific requirements:

Submit a completed proposal package and enter into a provider agreement with the Division of Medicaid,

Provide MYPAC-IOP services by mental health providers who meet the Mississippi Department of Mental Health (DMH) certification requirements, and

Have a current Medicaid provider number.

4. Hold certification by DMH to provide wraparound facilitation,

5. Have a psychiatrist on staff,

6. Have appropriate clinical staff to provide therapy services needed,

7. Inform DOM in writing of any critical incidents, including but not limited to, life-threatening, allegations of staff misconduct, or abuse/neglect and describe staff management of the incident,

8. Inform the beneficiary/family of grievance and appeals procedures,

9. Report all grievances and appeals to the Division of Medicaid,

10. Employs staff who meet the Division of Medicaid qualifications for the category of service they provide;

11. Conduct Quality Assurance activities to regularly review each beneficiary's Individualized Service Plan (ISP) and treatment outcomes,

12. Have procedures in place for availability and response twenty-four (24) hours a day, seven (7) days a week, and

13. Notify the Division of Medicaid of changes in the Administrative/Program Director, Medical Director/Psychiatrist or Clinical Director, and Regional Supervisor within seventy-two (72) hours of the effective change.

Source: Miss. Code Ann. § 43-13-121; 43-13-117; 43-13-118; 43-13-129; 42 CFR 441, Subpart D; 42 CFR 441.151(a)(2)

History: 11/01/2012

Rule 3.4: MYPAC-IOP Services Requirements

A. MYPAC-IOP providers are required to provide or arrange for the provision of wraparound facilitation defined as the creation and facilitation of a beneficiary and family team for the purpose of developing a single individual service plan (ISP) to address the needs of the beneficiary with complex mental health challenges and their families.

B. MYPAC-IOP wraparound facilitation must be provided in accordance with high fidelity and quality wraparound practice and include the following:

1. Engaging the family,

2. Assembling the beneficiary and family team which includes:

a) The wraparound facilitator,

b) The beneficiary's service providers, any involved beneficiary serving agency representatives and other formal supports, as appropriate,

c) The caregiver/guardian,

d) Other family or community members serving as informal supports, as appropriate, and

e) Other identified youth, unless there are clear clinical indications this would be detrimental which must be documented clearly throughout the medical record.

3. Facilitating a beneficiary and family team meeting, at minimum, once a-month,

4. Facilitating the development of an ISP through decisions made by the beneficiary and family team during the beneficiary and family team meeting, including a plan for anticipating, preventing and managing crisis,

5. Working with the team in identifying providers of services and other community resources to meet family and beneficiary needs,

6. Making necessary referrals for beneficiaries,

7. Documenting and maintaining all information regarding the ISP, including revisions and beneficiary and family team meetings,

8. Presenting ISP for approval,

9. Providing copies of the ISP to the entire team including the beneficiary and family/guardian,

10. Monitoring the implementation of the ISP and revising if necessary to achieve outcomes,

11. Maintaining communication between all beneficiaries and family team members,

12. Evaluating the progress toward needs being met to ensure the referral behaviors have decreased,

13. Leading the team to discuss and ensure the supports and services continue to meet the caregiver and beneficiary's needs,

14. Educating new team members about the wraparound process, and

15. Maintaining team cohesiveness.

C. MYPAC-IOP staff must be appropriately trained or professionally qualified to provide services and include the following:

1. Psychiatrist who:

a) Must participate in the development of the ISP and is a beneficiary and family team member.

b) Is responsible for medication management defined by the Division of Medicaid as medication treatment and monitoring services which include the prescribing of medication(s) in the treatment and management of the beneficiary's SED designed to alleviate symptoms and promote psychological growth and includes:

1) Prescribing medication(s) to treat the beneficiary's SED,

2) Educating the wraparound team concerning the effects, benefits, and proper use and storage of any medication(s) prescribed for the treatment of the beneficiary's SED,

3) Assisting with the administration or monitoring the administration of any medication(s) prescribed for the treatment of the beneficiary's SED, and

4) Arranging for any physiological testing or other evaluation necessary to monitor the beneficiary for adverse reactions to, or for other health-related issues that might arise in conjunction with, the taking of any medication(s) prescribed for the treatment of the beneficiary's SED.

c) Must be in a practice agreement with and supervise any licensed/certified Psychiatric Mental Health Nurse Practitioner (PMHNP) who assists with their responsibilities.

d) Must meet face-to-face or by telepsychiatry with the beneficiary and family at the frequency documented in the ISP.

2. Master's level mental health therapist who:

a) Provides psychotherapy defined as the intentional, face-to-face interaction between a mental health professional and a beneficiary which establishes a therapeutic relationship to resolve symptoms of the beneficiary's mental and/or emotional disturbance.

b) MYPAC-IOP psychotherapy includes the following:

1) Family Therapy is defined as psychotherapy between a mental health therapist and a beneficiary's family members or guardians, with or without the presence of the beneficiary.

i) Family Therapy promotes psychological and behavioral changes within families and meets on a regular basis.

ii) Family Therapy can include Department of Human Services (DHS) representatives or foster family members, acting in loco parentis, for beneficiaries in the custody of the DHS,

2) Group Therapy is defined as psychotherapy between a mental health therapist and at least two (2), but no more than eight (8), individuals at the same time.

i) Group Therapy promotes psychological and behavioral changes with groups typically meeting on a regular basis and includes, but not limited to, focusing on relaxation training, anger management and/or conflict resolution, social skills training, and self-esteem enhancement.

ii) If a group is co-led by two (2) mental health therapists, up to twelve (12) individuals may participate at the same time.

3) Individual Therapy is defined as psychotherapy between a mental health therapist and a beneficiary reliant upon interaction between therapist/clinician and beneficiary to promote psychological and behavioral change.

3. Wraparound Facilitator who:

a) Is identified as only one (1) MYPAC-IOP provider staff for each beneficiary and family and ensures appropriate case management services are identified and accessed.

b) Facilitates the development of the ISP through decisions made by the wraparound team.

c) Facilitates the beneficiary and family team meetings and assures all team members have the opportunity to participate.

d) Assists the wraparound team in identifying goals and interventions based on the strengths and needs of the beneficiary and family.

e) Ensures needed resources are in place for the family.

f) Receives training to identify different levels of intervention on an Individualized Crisis Management Plan (ICMP), the different stages of a crisis, and how a crisis may be defined differently by each family.

g) Accesses and links identified services to the beneficiary and family which must be completed before the beneficiary is discharged from MYPAC-IOP in order to achieve a successful transition.

h) Available twenty-four (24) hours a day, seven (7) days a week to a beneficiary and family for assistance.

i) Has completed the Introduction to Wraparound Three (3)-day training.

j) Must participate in ongoing coaching and training as defined by the Division of Medicaid.

4. Wraparound Facilitator supervisor who:

a) Has completed the Introduction to Wraparound three (3)-day training,

b) Must participate in ongoing coaching and training as defined by the Division of Medicaid, and

c) Supervise staff providing services to beneficiaries and families a minimum of four (4) hours of clinical supervision per month provided through a combination of individual supervision, group supervision, peer consultation and participation in wraparound meetings. Documentation must clearly identify the supervision component.

5. Provider Organization providing wraparound facilitation which:

a) Must be participating in the wraparound certification process through the Division of Medicaid or its designee, and

b) Must ensure the case load for wraparound facilitators is maintained at an average of not more than ten (10) cases per wraparound facilitator.

D. MYPAC-IOP services 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.

3. Physical health and welfare services that include assistance to the family in obtaining screenings from the MS Medicaid Cool Kids Program or EPSDT services.

4. Educational and/or vocational services to assist with school performance and/or provide support for employment.

5. Recreational activities to identify skills and talents, enhance self-esteem, and increase opportunities for socialization.

6. Other supports and services as identified by the family and beneficiary and family team.

E. Service requirements, at minimum, include the following:

1. Facilitate a beneficiary and family team meeting once a month,

2. Meet face-to-face with MYPAC-IOP beneficiary once a week,

3. Meet face-to-face with the family twice a month,

4. Contacts related to ISP implementation must occur at least three (3) times a week, and

5. MYPAC-IOP beneficiaries on medication(s) used in the treatment of the beneficiary's SED must see a doctor, at a minimum, every ninety (90) days for medication management and monitoring.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 441, Subpart D; 43-13-117(46); 43-14-1; 42 CFR 441.151(a)(2); Source: Section 43-13-117 (16) of the Mississippi Code of 1972, as amended; Section 43-13-121 of the Mississippi Code of 1972, as amended.

History: 11/01/2012

Rule 3.5: Individual Service Plans (ISP)

A. For the purpose of this rule, an ISP may be referred to as the treatment plan, wraparound plan, or case management plan depending on the service which directs the treatment of the beneficiary.

B. The Division of Medicaid defines the ISP as a written, detailed document integral to the wraparound process and is beneficiary/family driven. An ISP must be developed by the beneficiary and family team and is individualized for each MYPAC-IOP beneficiary.

1. The ISP must include the following:

a) Services to be provided,

b) Frequency of service provision,

c) Staff providing each service and their qualifications,

d) Formal and informal supports available to the beneficiary and family, and

e) Plans for anticipating, preventing and managing crises.

2. Every ISP must include an Individualized Crisis Management Plan (ICMP) which:

a) Is developed during the beneficiary and family team meeting based on the individualized preferences of the beneficiary and family.

b) Identifies triggers that may lead to potential crisis or risk,

c) Identifies interventions and strategies to mitigate a potential risk to avoid a crisis.

c) Identifies natural supports that may decrease the potential for a crisis to occur.

d) Identifies specific needs of families and tailor the level of intervention.

e) Provides responses readily accessible at any time to the beneficiary and family.

f) Contains contact information for those involved at all levels of intervention during the crisis.

g) Provides for crisis debriefing after the crisis has been resolved.

h) Must be provided to the beneficiary and family along with a copy of the ISP, ICMP and contacts.

3. The wraparound facilitator monitors the ISP continuously through face-to-face visits with the beneficiary and family.

a) The beneficiary and family team reviews the ISP at least once a month through a beneficiary and family team meeting.

b) The ISP is updated or revised when warranted by changes in the beneficiary's needs.

c) A licensed clinical staff member is responsible for attending the beneficiary and family team meeting at ninety (90) days and for submitting the updated ISP to the psychiatrist for review following the meeting.

d) The beneficiary and family team must participate in the development of the initial ISP, any ISP revisions and the discharge ISP, which includes at a minimum the psychiatrist, a licensed clinical staff member, the wraparound facilitator, the beneficiary and family.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 441, Subpart D; 43-13-117(46); 43-14-1

History: 11/01/2012

Rule 3.6: Clinical Documentation Requirements

A. Beneficiary records must be complete, accurate, accessible and organized.

1. Clinical documents must include begin and end time for each contact.

2. Records must be maintained for a period of five (5) years after the beneficiary reaches age twenty-one (21).

3. Refer to Maintenance of Records Part 200, Ch.1, Rule 1.3.

B. Records must contain the following categories:

1. Administrative documentation must include:

a) Demographic information that includes date of birth, gender, and race,

b) Copy of the beneficiary's birth certificate and/or social security card,

c) Copy of any legal documents verifying custody or guardianship of the beneficiary when the responsible party is anyone other than the beneficiary's legal parent(s),

d) Name, address and phone number of the party bearing legal responsibility for the beneficiary clearly identified with his/her relationship to the beneficiary,

e) Assigned county of custody and the caseworker identified as an agent of DHS if the beneficiary is in the custody of DHS, and

f) Documents signed and dated by the beneficiary and/or family that inform them of:

1) Beneficiary's rights and responsibilities,

2) Consent for treatment,

3) Complaints and grievances procedures, and

4) Appeals and right to fair hearing.

2. Assessments must include:

a) Independent psychiatric or psychological evaluation and IQ testing.

b) Bio-psychosocial assessment that includes:

1) Developmental profile,

2) Behavioral assessment,

3) Assessment of the potential resources of the beneficiary's family,

4) Medical history,

5) Current educational functioning,

6) Family and beneficiary strengths and needs, and

7) Child and Adolescent Needs and Strengths – Mental Health (CANS-MH) or other valid tool to assess outcomes.

3. Treatment Planning must include:

a) ISP that is signed and dated by the beneficiary and family team and in place within fourteen (14) days of enrollment in MYPAC-IOP and reviewed with the beneficiary and family team once a month,

b) ICMP included in the ISP,

c) Documentation treatment planning is occurring in the beneficiary and family team meetings, and

d) Treatment planning is directed by the MYPAC-IOP beneficiary and family.

4. Services provided must include:

a) Wraparound facilitation progress notes which document:

1) The relationship of services to identified needs of family and beneficiary as stated in the ISP,

2) Detailed narration from face-to-face meetings with beneficiary and/or family, or collateral contacts, including setting, crisis, barriers and successes, and

3) Date and signature of wraparound facilitator.

b) Beneficiary and family team meeting notes which document:

1) The purpose and results of services provided consistent with the needs outlined in the ISP,

2) Changes to ISP, including dates and reason for changes,

3) Treatment successes,

4) Implementation of the ICMP and outcome, if used,

5) Names and positions or roles of each team member, and

6) Dates and signatures of participating team members.

c) In-home respite or community-based respite services, if used, which document the reason, location, and dates.

d) Medication management and monitoring documentation must include:

1) Evidence the treating psychiatrist has managed all beneficiary SED medication(s) at least every 90 days, including but not limited to, reviewing, revising, adjusting, discontinuing and monitoring.

2) If the family chooses a different physician to prescribe medication(s) used in the treatment of the beneficiary's SED, the psychiatrist employed by the MYPAC-IOP provider as Medical Director must be involved in the beneficiary and family team meeting.

3) Medication(s) to treat the beneficiary's SED are accurately administered by the family in accordance with the physician or PMHNP's orders.

4) Informed consent for medication(s) used in the management of the beneficiary's SED is signed by the parent/guardian and beneficiary, if age appropriate, identifying the symptoms the medications target and evidence education has been provided.

4) Effectiveness of medication(s) to treat the beneficiary's SED.

5) Current medication(s) to treat the beneficiary's SED as reflected in the medication profile sheet.

6) Assistance to family with obtaining, administering and monitoring any medication(s) prescribed for the treatment of the beneficiary's SED.

7) Assessment for side effects of medication(s) to treat the beneficiary's SED including physiological testing or other evaluations necessary to monitor for adverse reactions or other health related issues that might arise from taking medication(s) to treat the beneficiary's SED.

8) Regular monitoring of medication(s) to treat the beneficiary's SED by the MYPAC-IOP provider and reporting any inconsistencies to the treating psychiatrist.

e) Psychotherapy notes must include:

1) Date of session,

2) Time session began and time session ended,

3) Specify if therapy is individual, family or group,

4) Person(s) participating in session,

5) Clinical observations about the beneficiary and/or family, including demeanor, mood, affect, mental alertness, and thought processes,

6) Content of the session,

7) Therapeutic interventions attempted and beneficiary/family's response to the intervention,

8) Beneficiary's response to any significant others who may be present in the session,

9) Outcome of the session,

10) Statement summarizing the beneficiary and/or family's degree of progress toward the treatment goals,

11) Signature, credentials and printed name of therapist,

12) Notes for each session. Monthly summaries are not acceptable in lieu of psychotherapy session notes.

5. Discharge planning must include:

a) Documentation discharge planning began the first (1st) day of admission.

b) Documentation must reflect discharge planning is done with the beneficiary and family through the wraparound process.

c) The record must contain a signed copy of the final discharge plan with signatures of the MYPAC-IOP beneficiary and caregiver/guardian at the time of discharge.

Source: Miss. Code Ann. § 43-13-121; 43-13-117; 43-13-118; 43-13-129; 42 CFR 441, Subpart D

History: 11/01/2012

Rule 3.7: Special Procedures

The use of special procedures, including but not limited to, restraints or seclusion, for beneficiaries in a community setting is prohibited.

Source: Miss. Code Ann. § 43-13-121; 42 CFR § 441. Subpart D; 42 CFR 483, Subpart G

History: 11/01/2012

Rule 3.8: Discharge/Transition Planning

A. For all beneficiaries receiving MYPAC-IOP services, discharge planning must begin at the time of admission and the MYPAC-IOP provider is responsible for assisting the family with transition plans through the wraparound process.

B. The wraparound facilitator must access and link appropriate services to the beneficiary and family prior to disenrollment.

C. Discharge from MYPAC-IOP services occurs when the beneficiary:

1. Reaches twenty-two (22) years of age or "ages out",

2. Or family utilizes freedom of choice to discontinue MYPAC-IOP services,

3. Moves out of state,

4. No longer meets the criteria or needs the intensity of services provided by MYPAC-IOP, or

5. Admits to an acute care facility or PRTF.

D. At the time of the beneficiary's discharge from MYPAC-IOP, the discharge/transition plan should be amended to include any of the following if there is a change:

1. MYPAC-IOP services begin and end date,

2. Reason for discharge,

3. The name of the person or agency that cares for and has custody of the beneficiary,

4. The physical location/address where the beneficiary resides,

5. A list of the beneficiary's diagnoses,

6. Detailed information about all the beneficiary's prescribed medication(s) to treat the beneficiary's SED including the names, strengths and dosage instructions in layman's language and any special instructions, including but not limited to, lab work requirements,

7. Information connecting the beneficiary and family with community resources and services, including but not limited to:

   a) Address of where follow-up mental health services will be obtained with contact name and phone number.

   b) School the beneficiary will attend with name and contact information of identified educational staff.

   c) Other recommended resources, including recreational, rehabilitative, or other special programs including the corresponding contact information.

   d) Date, time, and location of any scheduled appointments.

8. Detailed and specific recommendations in writing about the beneficiary's participation in the MYPAC-IOP program including successful techniques in areas of behavior management, mental health treatment and education, and

9. The offer of a full array of community-based mental health services for beneficiaries.

E. At the time of the beneficiary's discharge from MYPAC-IOP services, the provider must give the parent/guardian:

1. A written copy of the final discharge plan, and

2. A written prescription for a thirty (30) day supply of all medications used for the management of the beneficiary's SED if the current supply does not exceed thirty (30) days.

F. The provider must obtain signed consent from the beneficiary and family to provide copies of the final discharge plan to the providers of follow-up mental health, education and other agreed-upon services to be provided after discharge.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 441, Subpart D; 43-13-117(46); 43-14-1

History: 11/01/2012

Rule 3.9: Grievances, Appeals and Fair Hearings

A. The Division of Medicaid defines grievances as a complaint filed about unfair treatment.

1. MYPAC-IOP providers must:

a) Maintain records of all grievances received,

b) Track grievances and responses, and

c) Establish a grievance system that includes written policies and procedures,

2. MYPAC-IOP providers must report to the Division of Medicaid:

a) Within two (2) business days of receipt all grievances by beneficiaries and/or family members or third-parties on behalf of beneficiaries, and

b) Submit a quarterly report summarizing each grievance, either on-going or resolved, reported during the quarter.

B. The Division of Medicaid defines an appeal as a formal request to change an adverse decision by the MYPAC-IOP provider who must:

1. Have written appeal process policies and procedures which includes a Notice of Action defined as notification to the beneficiary/family within ten (10) days before the date of terminating, suspending or reducing any service by the MYPAC-IOP provider to,

2. Maintain records of any appeals including those received by subcontractors,

3. Forward any formal appeal requests including the Notice of Action to the Division of Medicaid within two (2) business days of receipt,

4. Submit a quarterly report to the Division of Medicaid summarizing each appeal, either on-going or resolved, that was received during the quarter.

5. Participate, at the provider's sole expense, in any review, appeal, fair hearing or litigation involving issues related to MYPAC-IOP at the request of the Division of Medicaid.

C. The Division of Medicaid defines a fair hearing as a process initiated when a beneficiary or family disagrees with an adverse decision following an appeal to the MYPAC-IOP provider.

1. The beneficiary or family must request an appeal and receive an adverse decision from the provider prior to requesting a fair hearing.

2. Refer to Part 300 Appeals, Chapter 1: Appeals, Rule 1.3: Administrative Hearings for Beneficiaries.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 438 Subpart F, 42 CFR 431 Subpart E

History: 11/01/2012

Rule 3.10: Critical Incidents Occurrences

A. The Division of Medicaid defines critical incidents as any occurrence that results in injury, abuse, neglect or exploitation of a MYPAC-IOP beneficiary. MYPAC-IOP providers must have written policies for documenting and reporting all critical incidents/occurrences which must include the following:

1. Reporting critical incidents in writing within one (1) business day to the Division of Medicaid.

2. Reporting to appropriate authorities any suspected abuse or neglect to the Mississippi Department of Human Services (DHS) and participate in investigations.

3. A written description of events and actions.

4. Documentation that explains follow-up, resolution, and debriefing.

B. Critical incidents that must be reported include, but are not limited to:

1. Life-threatening injuries,

2. Allegations of staff misconduct,

3. Allegations of sexual activity between MYPAC-IOP beneficiaries and providers,

4. Allegations of abuse or neglect of a beneficiary, and/or

5. Runaway of a beneficiary.

Source: Miss. Code Ann. § 43-13-1

History: 11/01/2012