



# Mississippi Medicaid

## Provider Reference Guide

### For Part 206

### MYPAC

*This is a companion document to the  
Mississippi Administrative Code Title 23  
and must be utilized as a reference only.*

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## PART 206 MISSISSIPPI YOUTH PROGRAMS AROUND THE CLOCK (MYPAC) INTRODUCTION

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The Division of Medicaid (DOM) defines Mississippi Youth Programs Around the Clock (MYPAC) as all-inclusive home and community based 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 services and includes service coordination that involves finding and organizing multiple treatment and support services. Its purpose is to provide home and community based services to youth with serious emotional disturbance (SED). Youth with SED are eligible to participate in the MYPAC 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.

Clinical and age criteria must be met by applicants who wish to participate in MYPAC. An applicant must have an SED diagnosis as defined by the DSM-IV criteria and determined by a psychiatrist or licensed psychologist that includes evidence of substantial impairment in family, school or community. A beneficiary must be admitted prior to his/her twenty-first (21st) birthday; however, if a beneficiary is already receiving MYPAC services prior to age twenty-two (22), he/she may remain in MYPAC until treatment is completed or the beneficiary's twenty-second (22nd) birthday, whichever occurs first.

MYPAC is managed by DOM, Bureau of Mental Health Programs, Special Mental Health Initiatives Division. The Utilization Management and Quality Improvement Organization (UM/QIO) determines clinical eligibility and the appropriateness of the proposed delivery of services to program participants. The UM/QIO reviews and authorizes prior to the provision of services.

MYPAC services are provided to eligible beneficiaries under the: (1) 1915c demonstration waiver, which enrollment ended on September 30, 2012, per Centers for Medicare and Medicaid (CMS), or (2) State Plan Rehabilitation Option Intensive Outpatient Psychiatric Services. MYPAC services are provided by Medicaid mental health providers who meet the Mississippi Department of Mental Health (DMH) certification requirements. Each provider conducts internal Quality Assurance activities to regularly review each participant's Individualized Service Plan (ISP) and treatment outcomes. Data is collected by DOM, Bureau of Mental Health Programs, to measure the clinical effectiveness of MYPAC services.

DOM is responsible for formulating program policy. DOM is directly responsible for administration and monitoring of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers, and notifications regarding billing. Medicaid policy as it relates to these factors is initiated by DOM. The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act.

A MYPAC provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a MYPAC provider chooses to participate in Medicaid, the provider must accept the Medicaid payment as payment in full for those MYPAC services covered by Medicaid. The MYPAC provider cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The MYPAC provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment to the beneficiary. No other mental health provider can bill Medicaid directly for mental health services while the beneficiary is enrolled in the MYPAC program.

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## DEFINITIONS AND ABBREVIATIONS

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### ASSESSMENT OR EVALUATION

Assessment and evaluation services are used to determine a youth's psychological, social, educational, and behavioral strengths and challenges. These are typically performed by a psychologist or psychiatrist. Level of Care (LOC) evaluations and various assessment tools are used to determine a youth's current level of functioning and to measure change over time.

### CASE MANAGEMENT

Case management or service coordination involves finding and organizing multiple treatment and support services. It may also include preparing, monitoring, and revising service plans; and advocating on behalf of the youth and family. Case managers may also provide supportive counseling.

### CRISIS STABILIZATION

Crisis stabilization services are designed to stabilize a youth experiencing acute emotional or behavioral difficulties. These services include the development of crisis plans, twenty-four (24) hour telephone support, mobile outreach, intensive in-home support during crisis, and short-term emergency residential services. An Individualized Crisis Management Plan (ICMP) is developed as an integral part of the Individualized Services Plan (ISP) and identifies the level of crisis and intervention strategies to be used before or during a crisis.

### DAY TREATMENT

Day treatment consists of intensive, nonresidential services that include an array of counseling, education, and/or vocational training. These services involve a youth for at least five (5) hours a day for at least three (3) days a week, and are offered in a variety of settings, including schools, mental health centers, hospitals, or other community locations.

### FAMILY

Members of the child's family and others (guardian or other caregivers, such as the Mississippi Department of Human Services staff and foster family members) with whom the child has a family-like relationship.

### **INDEPENDENT LIVING SKILLS**

Independent living skills services are designed to prepare older adolescents to live independently and reduce their reliance on the family or service system. These services may include social and community living skills development and peer support (e.g., money management, planning for employment, vocational training, parenting classes, etc.).

### **INFORMAL SUPPORT**

Informal support is defined as assistance from persons who provide support to the youth and family without compensation from any formal service system. This type of support might include asking a relative or friend to provide brief care or transportation, receiving support from church members, etc.

### **INPATIENT PSYCHIATRIC HOSPITALIZATION**

Inpatient psychiatric hospitalization is the placement of a youth in a psychiatric unit of an acute care hospital for observation, evaluation, and/or treatment. Services are usually medically oriented and include twenty-four (24) hour nursing supervision. As a facility-based respite service, it may be used for short-term treatment and crisis stabilization.

### **MEDICATION TREATMENT AND MONITORING**

Medication treatment and monitoring services typically include the prescription of psychoactive medications by a physician (e.g., psychiatrist) that are designed to alleviate symptoms and promote psychological growth. Treatment includes periodic assessment and monitoring of the youth's reaction(s) to the drug.

### **RECREATIONAL ACTIVITIES**

Recreational activities are the use of community recreation resources by the youth that may include YMCA or other physical fitness activities, youth sports programs, club memberships (i.e. Boys or Girls Clubs, Scouts), summer camps, art activities, etc.

### **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)**

A residential treatment center is a secure facility that typically serves ten (10) or more youth, provides twenty-four (24) hour staff supervision, and includes individual therapy, group therapy, family therapy, behavior modification, skills development, education, and recreational services. Lengths of stay tend to be longer in residential treatment centers than in hospitals. As a facility-based respite service, it may be used for short-term treatment and crisis stabilization.

### **PSYCHOTHERAPY**

Psychotherapy is the intentional, face-to-face interaction (conversations or non-verbal encounters such as play therapy) between a mental health professional and a client in which a therapeutic relationship is established to help resolve symptoms of the individual's mental and/or emotional disturbance. For youth participating in MYPAC, this may include:

## **FAMILY THERAPY**

Family therapy is psychotherapy that takes place between a mental health therapist and a youth's family members or guardians, with or without the presence of the youth. If a youth is in the custody of the Department of Human Services (DHS), family therapy may also include others (i.e., DHS representatives, foster family members) acting in loco parentis. It is used to promote psychological and behavioral changes within families and usually meets on a regular basis.

## **GROUP THERAPY**

Group therapy is psychotherapy that takes place between a mental health therapist and at least two (2) but no more than eight (8) youth at the same time. If a group is co-led by two (2) mental health therapists, up to twelve (12) youth may participate at the same time. It is used to promote psychological and behavioral change and groups typically meet together on a regular basis. Possibilities include, but are not limited to, groups which focus on relaxation training, anger management and/or conflict resolution, social skills training, self-esteem enhancement, etc.

## **INDIVIDUAL THERAPY**

Individual therapy is psychotherapy that takes place between a mental health therapist and a youth, and relies on interaction between therapist/clinician and youth to promote psychological and behavioral change.

## **SERIOUS EMOTIONAL DISTURBANCE**

A diagnosable mental disorder found in youth that is so severe and long lasting that it seriously interferes with functioning in family, school, community or other major life activities. Public Law 102-321 states: "The resulting definition of SED requires children to have a psychiatric diagnosis (excluding V codes, substance abuse, and developmental disorders occurring in the absence of another diagnosable disorder) and substantial impairment in family, school or community activities. Adding an impairment indicator was meant to distinguish between children with psychiatric disorders that significantly affected their ability to function in their environment and those having only mild impairments."

## **THERAPEUTIC FOSTER CARE**

A therapeutic foster home is a twenty-four (24) hour residential placement in a home with caregivers who are trained in behavior management and social and independent living skills development for youth with emotional and behavioral problems. Youth in foster care settings are eligible for MYPAC services.

## **THERAPEUTIC GROUP HOME**

A therapeutic group home is a twenty-four (24) hour residential placement in a home-like setting with a relatively small group of youth with emotional and/or behavior problems. Therapeutic care employs a variety of treatment approaches and includes counseling, crisis

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support, behavior management, and social and independent living skills development. Youth in therapeutic group homes are eligible for MYPAC services.

#### **TRANSPORTATION**

Transportation services are transportation to appointments (e.g., therapy sessions) and other scheduled mental health services and activities, or reimbursement for public transportation.

#### **VOCATIONAL TRAINING**

Vocational training refers to the development of life skills and job skills designed to assist young adults with the transition to independent living (i.e. job skills training, supported employment).

#### **WRAPAROUND PROCESS**

The wraparound process is a collaborative, team-based approach to service and support planning. It is an individualized service planning process that is strengths-based and is undertaken by a team that includes the family, youth, natural supports, agencies and community services working together in partnership.

#### **YOUTH TRANSITION**

Transition services are designed to help older adolescents to move from the child mental health system to the adult mental health system with a focus on independent living skills.

#### **ABBREVIATIONS**

- CANS-MH     Child and Adolescent Needs and Strengths – Mental Health
- CAP         Corrective Action Plan
- CFTM        Child and Family Team Meeting
- CMHC        Community Mental Health Center(s)
- CMS         Centers for Medicare and Medicaid Services
- CRI         Compliance Review Instrument
- DCYS        Division of Children and Youth Services
- DHS         Department of Human Services
- DMH         Department of Mental Health
- DOM         Division of Medicaid
- DSM         Diagnostic and Statistical Manual of Mental Disorders
- FS IQ        Full Scale Intelligence Quotient
- HCBS        Home and Community-Based Services [1915(c) waiver]
- ICMP        Individualized Crisis Management Plan
- ISP         Individualized Service Plan
- LOC         Level of Care

- MMIS Medicaid Management Information System
- MYPAC Mississippi Youth Programs Around the Clock
- OSCR On-Site Compliance Review
- PRTF Psychiatric Residential Treatment Facility
- PSC Primary Service Coordinator
- RFP Request for Proposals (competitive procurement process)
- RN Registered Nurse
- SED Serious Emotional Disturbance
- UM/QIO Utilization Management / Quality Improvement Organization
- YSS Youth Satisfaction Survey
- YSS-F Youth Satisfaction Survey – Family

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## PSYCHIATRIC/PSYCHOLOGICAL EVALUATION AND LEVEL OF CARE (LOC) DETERMINATION

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An applicant must meet the same level of care (LOC) determination for admission to a PRTF to be eligible for admission to MYPAC. Evidence that these criteria are met must be documented in a written evaluation prior to admission (initial evaluation).

### INITIAL PSYCHIATRIC / PSYCHOLOGICAL EVALUATION

The initial evaluation is required in order for a youth to be eligible for admission to MYPAC. The initial evaluation must:

- Be completed by a psychiatrist or licensed psychologist who is not a MYPAC provider
- Advise that residential level of treatment is needed based on PRTF criteria
- Substantiate the clinical criteria and support the functional need for MYPAC services.

### LEVEL OF CARE DETERMINATION

Psychiatric/psychological evaluations are included in a request to the Utilization Management and Quality Improvement Organization (UM/QIO) for LOC determination. Clinical documentation must meet criteria and support the need for MYPAC services

### SERVICE REQUIREMENTS

The overall service delivery approach is a system of care (SOC) that ensures participating youth will have access to a coordinated, seamless, culturally competent, consumer/family driven, individualized array of services and supports in their community. MYPAC providers are required to provide, or arrange for the provision of, the following services:

## **WRAPAROUND FACILITATION**

Wraparound facilitation defined as the creation and facilitation of a child and family team for the purpose of developing a single individual service plan (ISP) through a collaborative, team-based approach to service and support planning. The child and family team includes the family, participant, natural supports, agencies and community services working together in partnership. One MYPAC provider staff is identified as a wraparound facilitator for each participant and family, and ensures that appropriate wraparound services are identified and accessed.

MYPAC providers are required to provide, or arrange for the provision of wraparound facilitation to address the needs of the beneficiary with complex mental health challenges and their families. Wraparound facilitation includes an array of services that assist MYPAC participants and families in gaining access to needed mental health services, as well as medical, social, educational and other services, regardless of the funding source for the services to which access is gained. There is no specific ‘menu’ of services provided in the wraparound process. While not an exhaustive list, the following are expected to be provided:

- Mental health services using evidence-based practices which include intensive, in-home therapy, crisis outreach, medication management and psychiatric services.
- Social services to ensure basic needs are met, provide family support, and develop age appropriate independent living skills.
- Educational and/or vocational services to assist with school performance and/or provide support for employment.
- Wraparound efforts occur in the community where services are individualized to meet the participants’ and families’ needs.
- Recreational activities to identify skills and talents, enhance self-esteem, and increase opportunities for socialization.
- Other supports and services as identified by the child and family team.

Wraparound facilitation must be provided in accordance with high fidelity and adhere to the following wraparound principles:

## **FAMILY VOICE AND CHOICE**

Wraparound services are participant-and family-driven, i.e. the participant and family are included in every stage of the process. Family perspectives and choices are elicited and prioritized in team meetings.

## **TEAM-BASED**

The wraparound team consists of individuals agreed upon by the family and committed to them through informal and formal community support and service relationships. Services are identified by the participant and family, natural supports and other team members.

**NATURAL SUPPORTS**

Participation also includes family members' networks of interpersonal and community relationships, and services reflect activities and interventions that draw on these.

**COLLABORATION**

Team members work cooperatively and must reach collective agreement on decisions.

**COMMUNITY-BASED**

Services and support are provided in the least restrictive settings possible. The process is designed and implemented on an interagency basis using an interdisciplinary approach in which providers have access to flexible, non-categorical funding.

**CULTURALLY COMPETENT**

The approach is culturally sensitive to the unique racial, ethnic, geographical and social makeup of participants and their families. It also demonstrates respect for values, preferences and beliefs of the participant, family and their community.

**INDIVIDUALIZED**

Services are customized and delivered on an unconditional basis where the nature of support changes to meet changes in families and their situations.

**STRENGTHS-BASED**

The process builds on the skills, knowledge and assets of the participant, family and other team members.

**PERSISTENCE**

The team is committed to achieving its goals regardless of participant behavior or challenges within the family or community.

**OUTCOME-BASED**

This involves the measurement of participant and family outcomes to determine the effectiveness of services and ensure that appropriate populations are being served.

**REIMBURSEMENT**

Billing Guidelines

## HOME AND COMMUNITY BASED SERVICES

<b>MYPAC</b>	<b>Procedure Code</b>	<b>Procedure Code Modifier</b>	<b>Number of Units</b>	<b>Unit equals</b>	<b>Rate</b>
	H2022	HT	115	1 day	\$347.74

A billable unit must consist of one (1) hour face-to-face contact with the MYPAC participant and/or family for the purpose of ISP implementation. The face-to-face contact time may be combined to total one (1) hour of billable contact.

MYPAC providers may not bill for services for a youth who is referred for consideration for the MYPAC program while a resident in a PRTF or patient in a psychiatric acute care facility. If the youth is clinically pre-certified by the UM/QIO during the residential or inpatient stay, billing for MYPAC services may begin the day of discharge.

No other mental health services can be billed while a participant is locked-in to MYPAC.

## REPORTING REQUIREMENTS

### **GRIEVANCES**

Report to DOM MYPAC all grievances by participants and/or family members, or third-parties on behalf of participants.

Submit to DOM MYPAC quarterly a report summarizing each grievance (on-going or resolved) that was forwarded during the quarter.

### **APPEALS AND FAIR HEARING REQUESTS**

If a participant/family requests a fair hearing by DOM MYPAC after formally appealing an adverse decision by the MYPAC provider:

Forward the request to DOM MYPAC within two (2) business days of receipt

Include the Notice of Action that was provided to the participant/family within ten (10) days before the date of any action by the MYPAC provider to terminate, suspend or reduce services

Submit to DOM MYPAC a quarterly report summarizing each appeal (on-going or resolved) that was received during the quarter

Participate in any review, appeal, fair hearing or litigation involving issues related to MYPAC at the request of DOM MYPAC

## **CRITICAL INCIDENTS/OCCURRENCES**

Report to appropriate authorities any suspected abuse or neglect to the Mississippi Department of Human Services (DHS) under MS Code 43-21-353(7)

Report any critical incidents to DOM MYPAC in writing within one (1) working day of the occurrence

## **ON-SITE COMPLIANCE REVIEW (OSCR)**

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### **PURPOSE AND GOALS**

The purpose of an on-site compliance review (OSCR) is to:

- Verify that the MYPAC provider is in compliance with applicable state and federal requirements for mental health treatment
- Monitor the quality of treatment being provided to Medicaid beneficiaries

The goals of the OSCR are to:

- Assess the program and services offered by the MYPAC provider through direct observation, document review, staff interviews and participant and family interviews.
- Provide clear, specific feedback regarding review findings to MYPAC provider staff in order that services may be enhanced

### **DOM MYPAC Review Team Composition**

The DOM MYPAC review team will be comprised of at least two (2) but no more than five (5) DOM MYPAC staff and consultants, including an identified team leader, who will be a full-time DOM MYPAC staff person.

### **PRE-REVIEW NOTIFICATION**

Written notification of an upcoming OSCR will be provided to the MYPAC provider administrator twenty-four (24) to forty-eight (48) hours prior to the time the OSCR is scheduled to begin. The notification will include:

- Anticipated schedule for the OSCR
- Names of the participating review team members
- List of documents to be reviewed

Upon receipt of the pre-review notification, the MYPAC provider will contact DOM MYPAC staff to verify awareness of the upcoming OSCR and obtain by phone the list of clinical records to be reviewed. In most cases, an OSCR will be completed within five (5) business days.

## OVERVIEW OF OSCR PROCESS

The OSCR process is intended to monitor a MYPAC provider's overall operations for compliance with legal requirements and for quality of clinical programs and services. Each MYPAC provider will be scheduled quarterly for an OSCR for the first year, then annually thereafter. Interim reviews will be scheduled when a facility is being reviewed for compliance with a corrective action plan (CAP). The review inquiries into the MYPAC provider operations in three (3) domains:

### Administrative Section

This area includes the organizational structure and management of the MYPAC program. Administrative function is evaluated through the document review of such information as administrative policy and procedure manuals, staff credentials and training, utilization review documents, incident reports, complaint logs, etc. The administrative area will account for fifteen percent (15%) of the overall compliance rating.

### Program Sections

This area comprises the philosophy and structure of the MYPAC provider's approach to treatment - what they believe constitutes good treatment and services, and how they carry it out. The program is evaluated through the document review of program policy and procedure manuals (Section A), and staff interviews (Section B). Special emphasis is placed on adherence to the principles and philosophy of the wraparound process. The program area will account for thirty-five percent (35%) of the overall compliance rating.

### Services Sections

This area comprises the manner in which the MYPAC program translates into services provided to participants and their families, particularly whether services are individualized and delivered in such a manner as to provide maximum benefit. Services are evaluated through participant record reviews (Section A), observation of wraparound team meetings (Section B), participant and family interviews and home visits (Section C). If the participant has been in a PRTF or acute care psychiatric unit of a hospital during this time, the participant's record must reflect the reason for admission, MYPAC staff activities during the time the participant was out of the home, medication information, any special procedures required, and changes to the crisis plan if needed. Special emphasis is placed on the Individualized Service Plan (ISP), case management, and wraparound services. The services area will account for fifty percent (50%) of the overall compliance rating.

## GENERAL OUTLINE OF THE OSCR PROCESS

### Entrance Interview

At the beginning of the OSCR, the review team will meet with a small group (not to exceed six (6) people) of staff selected by the MYPAC provider for an overview of the OSCR process. The group will typically consist of the Administrator, Clinical Director, a Primary Service Coordinator (PSC) and other wraparound team members. The entrance interview is

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the provider's opportunity to meet the review team and inform the team of any changes, improvements, etc. that have occurred since the last review and/or to ask questions about the current proceedings. This phase will typically last thirty (30) minutes or less.

#### Review of Administrative and Program Records

The review team will review administrative and program documents requested in the pre-OSCR notification.

#### Review of Participant Records

Randomly selected participant records will be reviewed by the review team to assess compliance with MYPAC program requirements identified by DOM MYPAC policy.

#### Staff Interviews

Staff to be interviewed will be identified during the course of the OSCR. The review team is particularly interested in how well program guidelines are carried out in practice and whether or not staff work together collaboratively functioning as a true wraparound team.

#### Observation of Child and Family Team Meeting

At least one (1) child and family team meeting will be scheduled with all team members present, including the participant and family. One (1) or more members of the review team will observe this process and will be particularly interested in the knowledge and understanding of the participant's ISP, and the level of participant and family involvement and activity.

#### Participant and Family Interviews, and Home Visit

Prior to the site visit, the review team will identify participants and families to be interviewed separately. Interviews will typically occur in conjunction with a home visit or, if not possible, at an appropriate location convenient for the participant and family. The MYPAC provider will coordinate home visits and interviews with the review team, the participant and the family. Home visits will include a member of the child and family team. The review team will want to know if the participant/family feels they are active participants in the program, how knowledgeable they are about specific aspects of their services, and how they view the program and staff's ability to help them.

#### Review Team Conference (Status Rating)

At the conclusion of the above components, the review team will meet in camera to compile all information acquired and prepare for the exit interview.

#### Exit Interview

The review team will meet with the MYPAC provider staff (the same representatives who were present at the entrance interview unless changes have been discussed with the review team leader) to present an overview of the team's findings and inform the provider of its

current status. At this time staff may ask questions, request examples of problems cited, etc. This phase typically will last one (1) hour or less.

Written Report (Compliance Review)

DOM MYPAC will provide the MYPAC provider with a written report of the review team's findings upon completion of the OSCR. If the status ruling is approved or better, the OSCR process is complete until the next routine OSCR. The provider must submit a Corrective Action Plan (CAP) to DOM for all items cited in the OSCR.

**MYPAC STATUS CATEGORIES**

At the time of the exit interview, the MYPAC provider will be informed of its status ruling, if it can be clearly determined. Reviews will be done according to the ratings below:

Commended

- Program and services consistently exceed standards
- The next OSCR will be scheduled in eighteen (18) months

Approved

- Program and services consistently meet standards
- The next OSCR will be scheduled in twelve (12) months

Review

- Overall program and services are of acceptable quality with one or more specific areas of substandard quality
- No conditions exist which jeopardize the lives or well-being of residents
- A CAP must be submitted to address all identified concerns
- The next OSCR will be scheduled in six (6) months.

Probation

- Program and services are of substandard quality,
- Provider is already on Review Status and failed to show improvement in a follow-up OSCR,
- Conditions exist which could jeopardize the safety or well-being of participants or families.
- A CAP must be submitted to address all identified concerns
- The next OSCR will be scheduled three (3) months after implementation of an approved CAP

Suspension

- Program and services are of unacceptable quality,

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- Conditions exist which jeopardize the lives or well-being of residents
- Admissions of Medicaid beneficiaries are suspended until further notice
- The next OSCR will be scheduled as soon as reasonably possible-no later than one (1) month after the implementation of an approved CAP

#### Deferred

- If the review team requires additional information or expert opinion in order to complete its determination, then the status ruling may be deferred
- In cases of deferred status, DOM must re-contact the MYPAC provider within ten (10) days:
  - Request additional information or documentation, which must then be provided by the provider within ten (10) days of receiving the request,
  - Schedule a continuation of the OSCR, in which case additional team members may participate in further on-site review of the facility,
  - Submit a final status ruling
  - The ten (10) day request/submission response cycle will continue until a final status determination is made

#### **CORRECTIVE ACTION PLAN (CAP)**

Any MYPAC provider receiving a citation must submit a CAP. The CAP must be received by DOM no later than ten (10) working days following the OSCR. The CAP must address separately each concern cited in the OSCR report by:

- Proposing specific actions that will be taken to correct each identified problem
- Specifying an implementation date for each corrective action
- Including supporting documentation as appropriate, e.g. policy or procedural changes, new or revised forms, copies of training schedules, etc.

#### Content and format:

Justifications or explanations for the cited problems have no place in the CAP. Although there may be good reasons for the existence of the problems, DOM is interested only in the proposed solutions.

The narrative of the CAP should be succinct and to-the-point. The following format is suggested for each separate element cited:

- Description of element
- Findings
- Plan of correction
- Implementation date

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Supporting documentation (attached to the CAP and referenced in the narrative response)

The CAP will include the name and telephone number of a provider staff member who will work with DOM towards approval of the CAP.

The DOM must approve/disapprove of the provider's proposed CAP within ten (10) working days of its receipt by DOM. The ten (10) day submission/ten (10) day response cycle will continue until DOM approves a CAP.

The provider must implement the CAP within thirty (30) days of its approval. When notifying the provider of its CAP approval, the DOM will also inform the provider of the anticipated time of the next follow-up OSCR.

#### Appeals Process

If the MYPAC provider disagrees with its status ruling or has a complaint regarding DOM's response to the proposed CAP, the concerns should be addressed as follows:

- Division of Medicaid
- Bureau of Mental Health Programs
- Director, Special Mental Health Initiatives

If the MYPAC provider disagrees with the response to the appeal, the concerns should be addressed as follows:

1. Division of Medicaid
2. Director, Bureau of Mental Health Programs
3. If the MYPAC provider disagrees with the results of this appeal, the concerns should be addressed as follows:
4. Division of Medicaid
5. Deputy Administrator, Bureau of Health Services
6. If the MYPAC provider disagrees with the results of this appeal, the concerns should be addressed as follows:
7. Division of Medicaid
8. Executive Director