



MISSISSIPPI DIVISION OF
MEDICAID

MS SPA 21-0028 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Extended Services

Public Comments

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

July 30, 2021

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

Dear Mr. Snyder:

Families as Allies respectfully submits these public comments on the Division of Medicaid's (DOM) State Plan Amendment (SPA) 21-0028. We have the following concerns about the proposed policy:

1. It is unclear how this proposed policy will coordinate with the changes to Wraparound that were announced by the DOM in [this June 15, 2021 publication](#).
2. This policy does not delineate how conflict-free case management will be ensured via families choosing who they receive their Wraparound care coordination from and having free choice of providers. Unless this is ensured, this policy appears to be inconsistent with both Wraparound and conflict-free case management.
3. This policy appears to give providers a pathway to reinstitute Mississippi Youth Programs Around the Clock (MYPAC) using the previous model that had developed several problems over the years since the time MYPAC was originally developed, including:

- a. Both wraparound and services being routinely provided by the same organization without families being informed by a neutral entity that they have a choice about both. We continue to recommend that Making a Plan (MAP) teams be considered for this purpose if MYPAC is reinstated.
 - b. Families automatically being seen in their homes three times/week, the maximum allowed, with typically only one service being offered on each day. This seems to consistently occur even when families express that they do not want services in the home and/or at that frequency.
 - c. A lack of independent verification of outcomes. Now that the Interagency Coordinating Council for Children and Youth (ICCCY) has begun meeting again, we recommend that DOM work with the ICCCY to develop a model for Wraparound and MYPAC (if it is resumed) to be objectively monitored using outcomes that are meaningful to families (decreased lengths of stay, fewer readmissions, better school outcomes, etc.).
4. This policy appears to require entities that provide MYPAC services to be certified as Community Mental Health Centers and provide all of the core services. This is in direct opposition to a [recently published study by the National Wraparound Initiative](#) that found “that Wraparound Implementation tends consistently to be better in Care Management Entities (CMEs) versus Community Mental Health Centers (CMHCs)”. CMEs only provide Wraparound and typically contract out for services. This policy appears to set up a structure that does not allow for CMEs, therefore making it less likely that Mississippi will have wraparound models that are consistent with best practices and possibly evidence-based approaches.
 5. This policy does not provide for agency firewalls between Wraparound and services as should be done as indicated in [these pages from the Wraparound Implementation Standards- Program \(WISP\)](#) (used with permission from the [National Wraparound Implementation Center](#)). Related standards exist for how the State itself should ensure this separation.

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

We appreciate your consideration of this feedback.

Sincerely,

Joy Hogge, PhD
Executive Director

July 30, 2021

Division of Medicaid, Office of the Governor, Office of Policy
Walter Sillers Building, Suite 1000
550 High Street
Jackson, MS 39201

To Whom it May Concern:

I am writing to provide public comments in response to State Plan Amendment 21-0028 (MYPAC Therapeutic Services). It is exciting to see that the Division of Medicaid is revisiting options to allow for flexibility in therapeutic options available to youth and families that meet this level of care need.

One of the most innovative and family focused components of MYPAC in its former version was the ability for the

Child and Family team to make decisions about modality, provider, frequency, and individualization of mental health services. The ability to contract for services and connect families with specialists of their choice was a key part of putting families in the driver's seat for their own planning processes.

I hope that in considerations to bring back parts of the MYPAC program, that DOM can consider the following questions:

What provisions can be put in place to ensure this flexibility and choice is available and promoted for families enrolled in MYPAC?

If Wraparound Care Coordination is separated from the organization and decision-making about mental health services, how can DOM ensure that care is driven by the planning process that occurs in Child/Family/Team Meetings facilitated by certified Wraparound providers?

What type of organization will be certified to administer this service? If it is only available to providers that provide all of the listed services, how can DOM provide guidance and assurances that families will be able to choose their own providers and make changes at their preference? How can organizations that specialize in different treatment approaches be included in the options that families have available to them?

How will individuals that want to receive their Wraparound, therapy, medications and other services from different providers receive individualized care that is in keeping with their preferences? Will contracting out for services be available?

Without financial oversight of associated services when families choose to receive Wraparound from a different provider from their therapy provider, what tools will Wraparound Care Coordinators have to ensure that the Wraparound plan directs all aspects of care?

Our Choices programs in Louisiana currently operate in a way that the Individual Service Plan created by the Child and Family Team determines what services are authorized by the payor for the youth in care through other providers. This methodology supports an effective team process where the type, frequency and duration of services are complimentary and beneficial to families.

Thank you for the opportunity to raise these questions.

Sincerely,

Vanessa Huston, LPC-S
Clinical Director