Mississippi Youth Programs Around the Clock (MYPAC) is a five (5) year demonstration grant from the Centers for Medicare and Medicaid Services (CMS) under a 1915(c) Medicaid waiver. 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.

Both clinical and financial criteria must be met by applicants who wish to participate in the MYPAC program. 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. Once the clinical criteria are met, the Mississippi Division of Medicaid (DOM) eligibility offices will determine an applicant's financial eligibility for the program.

The MYPAC program is managed by DOM, Bureau of Mental Health Programs, Special Mental Health Initiatives Division. 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.

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 staff are directly responsible for the administration 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.

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.

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

Definitions

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.

Family Support Specialist (FSS)
A Family Support Specialist is a current or former family member of a person with a serious mental illness. DOM contracts with the FSS who represents the interests of the MYPAC participant and family. The FSS is a family mentor or parent-to-parent partner who receives training to act as an advocate for the MYPAC participant and family, explain the Freedom of Choice form and other information to the MYPAC participant and family, and is available to attend wraparound team meetings.

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.

Respite Care
As an **in-home** (home- and community-based) respite service, respite care is a planned break for families wherein other responsible adults or trained counselors assume the duties of caregiving to allow the parent/caregivers a break. It may be provided in the youth's home or in other family or community locations. As an **out-of-home** (facility-based or institutional) respite service, it is provided in either a PRTF or psychiatric acute care setting and is used primarily for short-term treatment and crisis

stabilization.

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 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
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
EQ-R	Education Questionnaire-Revised
FS IQ	Full Scale Intelligence Quotient
FSS	Family Support Specialist
HCBS	Home and Community-Based Services [1915(c) waiver]
HSM	HealthSystems of Mississippi (Medicaid UM/QIO for MYPAC pre-certification)
ICMP	Individualized Crisis Management Plan
ISP	Individualized Service Plan
LOC	Level of Care
MMIS	Medicaid Management Information System (processes Medicaid claims)
MSSC-RC	Multi-Sector Service Contacts - Revised: Caregiver
MYPAC	MS 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

The MYPAC provider is responsible for verifying the youth's Medicaid eligibility. Age-appropriate youth who are already Medicaid eligible (e.g., Supplemental Security Income (SSI) or Medicaid in a Department of Human Services (DHS) certified category) do not have to re-apply for Medicaid in order to qualify for MYPAC waiver services except in cases where that source is terminated.

If the youth is not Medicaid eligible, the MYPAC provider must submit clinical information to the UM/QIO for clinical eligibility determination. If determined clinically eligible by the UM/QIO, the family must apply for Medicaid at the Medicaid Regional Office (RO) that serves the county of residence.

MYPAC services are appropriate when:

- 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 **OR**

- A youth is currently a resident of a PRTF or acute care facility whose professional staff advises that the youth continues to meet the LOC for residential treatment but the youth can be *transitioned* back into the community with MYPAC services **AND**

- The youth and parent/guardian agree to accept and participate in MYPAC services as an alternative to PRTF

An initial screening is done by the referral source and assesses the following:

- Youth's current functioning
- Level of family support
- Conditions that might limit inclusion in home- and community-based interventions
- Family choices:
  - Agree to receive MYPAC in lieu of PRTF
  - Agree to take part in the national research study
  - Choice of MYPAC provider

The need for admission must be supported by documentation that substantiates the following:

- 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

- Clinical criteria
  - The youth has been 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-IV on Axis I. The **primary** diagnosis must be on Axis I, **and**
  - The youth has a full scale IQ of sixty (60) or above (or, if IQ score is lower than sixty (60) and there is substantial evidence that the IQ score is suppressed due to psychiatric illness), **and**
  - The evaluating psychiatrist or licensed psychologist advises that the youth meets criteria for PRTF level of care, **and**
  - The youth needs specialized services and supports from multiple agencies including case management and wraparound services.

- Medicaid eligibility
  - The youth must meet Medicaid financial eligibility requirements (42 CFR 435.217)
  - If not Medicaid eligible, a youth should first be determined to meet clinical criteria, and then apply for Medicaid benefits

In order to participate in the Medicaid program as a MYPAC provider, records must be maintained for a period of five (5) years. Records must contain documentation to verify that the MYPAC provider:

- Is certified by DMH to provide case management services
- Meets staffing requirements established by DOM MYPAC
- Informed DOM MYPAC of all required administrative and professional staff changes
- Informed DOM MYPAC in writing of any critical incidents (life-threatening, allegations of staff misconduct, abuse/neglect) and describes staff management of the incident
- Informed the participant/family of grievance and appeals procedures
- Reported all grievances and appeals to DOM MYPAC
- Has staff who meet the DOM qualifications for the category of service they provide
- Provided staff with information that:
    - They must conform to all statutory requirements for reasonable and confidential reporting of suspected incidents of child abuse, neglect, or exploitation
    - All direct services staff, including volunteers, are subject to criminal records background check and child abuse registry check
- Has procedures in place for twenty-four hour seven day a week (24/7) availability and response

MYPAC providers must maintain clinical records for a period of five (5) years from the date of discharge from MYPAC and must ensure the following:

- The clinical record is not lost, destroyed or put to unauthorized use
- The confidentiality of all information contained in the participant's record except when its release is authorized by the participant's parent/legal guardian or required by state or federal law

Refer to Provider Policy Manual Section 7.03 for Maintenance of Records policy.

MYPAC providers must be certified by the Department of Mental Health (DMH) to provide case management services and adhere to applicable State standards related to staffing in order to maintain their certification. MYPAC providers must meet staffing requirements established by DOM and are expected to have the following:

Psychiatrist

- Participates in the development of Individualized Service Plans (ISP) and is a wraparound team member
- Is responsible for medication management and follow-up:
  - Provides prescription(s) for medication(s) to treat SED
  - Educates the wraparound team concerning the effects, benefits, and proper use and storage of any medication prescribed for the treatment of SED
  - Assists with the administration, or with monitoring the administration, of any medication prescribed for the treatment of SED
  - Arranges for any physiological testing or other evaluation necessary to monitor the participant for adverse reactions to, or for other health-related issues that might arise in conjunction with, the taking of any medication prescribed for the treatment of SED

Primary Services Coordinator (PSC)

- Must meet minimum standards as established by the Mississippi Department of Mental Health (DMH) certification requirements
- Facilitates the development of the ISP through decisions made by wraparound team
- Ensures decisions made by wraparound team do not limit access to services and are based on medical necessity
- Facilitates wraparound team meetings and assures that all team members have the opportunity to participate
- Assists the wraparound team in identifying goals and interventions based on the strengths and needs of the participant and family
- Ensures needed resources are put in place for the family
- 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
- Accesses and links identified services to the participant and family, and is also done before the

participant is discharged from MYPAC in order to achieve a successful transition

- Is available at all times, twenty-four (24) hours a day, to a participant and family for assistance

Qualifications and training for MYPAC service providers

- MYPAC staff are appropriately trained or professionally qualified to provide services for which they are responsible
- Training topics are appropriate to staff needs, and trainers are qualified in the area of training they provide

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

Re-evaluation

- An annual re-evaluation is required in order for a participant to be eligible to continue receiving services through MYPAC
- The eligibility criteria for continued participation are the same as the initial evaluation
- The re-evaluation recommendation is made by the MYPAC treatment team psychiatrist or licensed psychologist, and takes into account the participant/family progress toward goals and the results of the CANS-MH
- The re-evaluation is used for LOC determination and also guides and informs treatment
- When a participant is found clinically eligible or ineligible during the annual re-evaluation, 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 Provider Policy Manual Section 17.13 for Grievances, Appeals and Fair Hearing Rights policy.

The Individualized Service Plan (ISP) is a written, detailed document that is integral to the wraparound process and is participant/family driven. An ISP is developed and individualized for each MYPAC participant.

The ISP describes/includes the following:

- Services which will be provided
- Frequency of service provision
- Who provides each service and their qualifications
- Both formal and informal supports which are available to the participant and family
- Plan for anticipating, preventing and managing crises

Development of the ISP

- The ISP is developed by the family and wraparound team. The process is facilitated by the Primary Services Coordinator (PSC) who ensures that the participant and family have a primary role.
- The ISP is developed based on information gained during the referral/intake process and the MYPAC provider's in-home assessment. It is a living document which is updated and guided by changes in the family's situation and results of the Child and Adolescent Needs and Strengths (CANS-MH) assessment.
- Goals for the ISP are determined by the family in collaboration with the wraparound team who actively reinforce that the ultimate decision for who participates, what goals are identified, and what supports are accessed lies with the family. Naturally occurring supports outside the community mental health system are identified and incorporated into the plan. Formalized services should not take the place of natural supports.

Implementation of the ISP

- The ISP identifies the assigned tasks and the person(s) responsible for implementing and securing services authorized.
- Every ISP must include an Individualized Crisis Management Plan (ICMP) which:
  - Is developed during the wraparound meeting based on the individualized preferences of the participant and family.
  - Identifies triggers that may lead to potential crisis (risk) and interventions (strategies to mitigate risk) that can be implemented to avoid the crisis.
  - Identifies natural supports that may decrease the potential for a crisis to occur.

- Identifies different levels of intervention, the different stages of crisis, and how a crisis may be defined differently by each family.
- Provides responses that are readily accessible **at any time** to the participant and family.
- Contains contact information for those involved at all levels of intervention during the crisis.

- A copy of the ISP, along with a copy of the ICMP and contacts, is provided to the participant and family.

Provider Monitoring of the ISP

- The PSC monitors the ISP continuously through face-to-face visits with the participant and family.
- The wraparound team reviews the ISP at least every three (3) months through a wraparound team meeting.
- The ISP is updated or revised when warranted by changes in the participant's needs, but not less than every three (3) months.

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:

Intensive Case Management

- 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.

- One MYPAC provider staff is identified as a Primary Service Coordinator (PSC) for each participant and family, and ensures that appropriate case management services are identified and accessed.

- MYPAC providers must provide case management services when a participant who is enrolled in MYPAC is admitted to a PRTF or psychiatric acute care facility for respite. These are services intended to facilitate transition back to the home and community, and to shorten the length of respite stay if possible.

- MYPAC providers may not bill for services to 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.

Wraparound

Description of the wraparound process:

- The process includes an array of services provided to MYPAC participants and families that is a collaborative, team-based approach to service and support planning.

- The wraparound team includes the family, participant, natural supports, agencies and community services working together in partnership.

- Wraparound efforts occur in the community where services are individualized to meet the participants' and families' needs.

MYPAC providers must adhere to wraparound principles and practices:

- **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.

Wraparound services:

- There is no specific 'menu' of services provided in the wraparound process where providers have access to flexible, non-categorical funding and are encouraged to be creative.

- 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

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

    - Other supports and services as identified by the family and wraparound team

Respite

- Services that are provided only to MYPAC participants and only if necessary.

- Types:

  - **In-home** (home and community-based) respite: Short-term service provided to MYPAC participants who are unable to care for themselves and because of the absence or need for relief of those persons who normally provide care for the participant.

  - **Out-of-home** (institutional) respite: Direct clinical service provided to MYPAC participants used to primarily provide short-term treatment and crisis stabilization in an institutional setting.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 07/01/09 Date:
Section: Mississippi Youth Programs Around the Clock (MYPAC Waiver) **Subject: Clinical Documentation Requirements**	**Section: 17.10** **Pages: 4** **Cross Reference: Maintenance of Records 7.03; Psychiatric/Psychological Evaluations and Level of Care (LOC) Determination 17.07**	

The MYPAC participant record is an essential tool in treatment. It is the central repository of all pertinent information about each child. It provides an accurate, chronological accounting of the treatment process, assessment, planning, intervention, evaluation, revision, and discharge. Participant records must be complete, accurate, accessible and organized. Records must be maintained for a period of five (5) years. Refer to Provider Policy Manual Section 7.03 for Maintenance of Records policy.

Records must contain the following categories:

Administrative

- Demographic information that includes date of birth, gender, and race
- Copy of the participant's birth certificate and/or social security card
- Copy of any legal documents verifying custody or guardianship of the participant when the responsible party is anyone other than the participant's legal parent(s)
    - Name, address and phone number of the party bearing legal responsibility for the participant should be clearly identified, along with his/her relationship to the participant.
    - If the participant is in the custody of the Department of Human Services (DHS), the county of custody should be specified and the caseworker identified as an agent of DHS.
- Forms that are signed and dated by the participant and/or family that inform them of:
    - Participant rights and responsibilities
    - Consent for treatment
    - Complaints and grievances procedures
    - Appeals and right to fair hearing

Assessments

- Independent psychiatric or psychological evaluation and IQ testing. Refer to Provider Policy Manual Section 17.07 for Psychiatric/Psychological Evaluation and Level of Care (LOC) Determination policy.
- Bio-psychosocial assessment that includes:
    - Developmental profile
    - Behavioral assessment (42 CFR 441.155 (b)(1))

- Assessment of the potential resources of the child's family
- Medical history
- Current educational functioning
- Family and participant strengths and needs

- CANS-MH

Treatment Planning

- Individualized Service Plan (ISP) that is signed, dated and in place within fourteen (14) days of enrollment in MYPAC
- Individual Crisis Management Plan (ICMP) is included in ISP
- Documentation which reflects that treatment planning:
  - Takes place in the wraparound team meetings, **and**
  - Is directed by the MYPAC participant and family

Services Provided

- Case Management progress notes at least monthly which document:
  - Case Management service plan has been reviewed within time limits required by the Department of Mental Health (DMH)
  - The relationship of services to goals and identified needs of family and participant
  - Referrals and resources considered, explored and accessed that are consistent with needs identified in the ISP (if a resource is unattainable or service not provided, an explanation must be included)
  - Face-to-face meetings and home visits with participant and family that are done with the frequency required. Evidence that services have been provided
  - Date and signature of PSC
- Wraparound team meeting notes which document:
  - Purpose and results of services provided that are consistent with the needs outlined in the ISP
  - Changes to ISP, including date and reason for change
  - Treatment successes
  - Implementation of the ICMP and outcome, if used
  - Names and positions or roles of each team member
  - Dates and signatures of participating team members

- Respite services (if used) which document:
    - Reason, location and dates
    - Admission notes and other relevant documentation from the PRTF or psychiatric acute care facility if out-of-home (facility-based/institutional) respite was used
- Medication management which documents:
    - Medication(s) are prescribed, reviewed, revised and monitored by the MYPAC psychiatrist at least every ninety (90) days. If the family chooses a different physician to prescribe medications, the MYPAC psychiatrist, as Medical Director, must still be involved in the wraparound process.
    - Medications have been accurately administered by the family in accordance with the physician or PMHNP's orders.
    - Informed consent for medication(s) is signed by the parent/guardian (and child if age appropriate) that identifies the symptoms for which the medications are targeted.
    - Effectiveness of medications.
    - Current medications as reflected in the Medication Profile Sheet.
    - Assistance to family with obtaining, administering and monitoring any medication(s) prescribed for the treatment of the participant's SED.
    - Education for participant and family about medications and teaching skills to use when medication is no longer provider-monitored.
    - Assessment for side effects including physiological testing or other evaluation necessary to monitor for adverse reactions or other health related issues that might arise from taking psychotropic medications.
    - Regular monitoring of medication(s) by the MYPAC provider and reporting any inconsistencies to the MYPAC psychiatrist.
- Psychotherapy notes that contain the following elements:
    - Date of session
    - Time session began and time session ended
    - Type of therapy (individual, family, group)
    - Person(s) participating in session
    - Clinical observations about the participant/family (demeanor, mood, affect, mental alertness, thought processes, etc.)
    - Content of the session
    - Therapeutic interventions attempted and participant/family's response to the intervention

- Participant's response to any significant others who may be present in the session
- Outcome of the session
- Statement summarizing the participant/family's degree of progress toward the treatment goals
- Signature, credentials and printed name of therapist
- Notes for each session (monthly summaries are not acceptable in lieu of psychotherapy session notes)

Discharge

- Discharge planning begins the first day of admission.
- Discharge planning is done with the participant and family who are provided a copy of the written discharge plan, which includes the aftercare plan and is signed by the parent/guardian.
- When a parent/guardian requests discharge, the MYPAC provider develops a discharge/aftercare plan, and receipt of that document is acknowledged with the signature of the parent/guardian.
- MYPAC providers notify DOM MYPAC in writing of any discharges and include:
  - Date of discharge
  - Reason(s) for discharge
  - Referrals for aftercare that were made for the participant and family

The use of special procedures (**restraints** or **seclusion)** for participants in a community setting is prohibited. On-site compliance reviews will be conducted to detect any unauthorized use of restraints or seclusion and to review the policies of MYPAC providers concerning special procedures.

If a participant who is enrolled in MYPAC is admitted to a **psychiatric acute care facility (PRTF)** for respite, Medicaid policies and State and Federal regulations must be followed. Refer to Provider Policy Manual Section 18.09 for Special Procedures policy (PRTF Manual).

For all participants in the MYPAC program, discharge planning begins at admission and the MYPAC provider is responsible for assisting the family with transition plans through the wraparound process. Successful transition builds upon gains that have been made, and can be achieved by linking the participant and family to resources and services to support their recovery process, manage their illness, and help them live meaningful lives in their communities. The Primary Service Coordinator (PSC) who facilitates the participant's wraparound team will access and link appropriate services to the participant and family prior to disenrollment.

Discharge from the MYPAC program can occur in several ways, including:

- 'Aging out' when the participant reaches twenty-two (22) years of age
- Participant/family chooses to end MYPAC services
- Participant/family moves out of state
- Participant no longer meets criteria or needs the intensity of services provided by MYPAC
- Out-of-home (institutional) respite limits are exceeded and continued PRTF placement is required due to safety issues in the community

Prior to discharge from the MYPAC program, the wraparound team meets to develop a transition plan with the participant and family that includes the following:

- The MYPAC enrollment date and the date that MYPAC services will end
- Reason for discharge
- The name of the person or agency that cares for and has custody of the youth
- The physical location/address where the youth resides
- A list of the youth's diagnoses
- Detailed information about the youth's medications: the names, strengths and dosage instructions in lay language for all medications prescribed for the participant, as well as any special instructions such as lab work requirements
- Information connecting the youth and family with community resources and services, including but not limited to:
    - Where follow-up mental health services will be obtained with contact name, address and phone number
    - Where the child will attend school, with name and contact information of identified educational staff
    - Other recommended resources (i.e., recreational, rehabilitative, or other special programs believed to offer benefit to the participant and family) that includes the

corresponding contact information for those resources or services

- Date, time, and location of any scheduled appointments

- Detailed and specific recommendations in writing that will transfer knowledge gained from the youth's participation in the MYPAC program. These would include successful techniques in areas of behavior management, mental health treatment and education.

- The offer of a full array of community-based mental health services for youth

- Signed consent from participant and family to provide copies of the transition plan to the providers of follow-up mental health, education and other agreed-upon services to be provided after discharge

A copy of the transition plan is given to the participant and the family.

Grievances (42 CFR 438 Subpart F)

- A grievance is a complaint filed about unfair treatment
- MYPAC providers must:
  - Maintain records of all grievances received
  - Track grievances and responses
  - Establish a grievance system that includes written policies and procedures

Appeals and Fair Hearing Requests (42 CFR 431 Subpart E)

- An appeal is a formal request to change a decision.
- A fair hearing process is initiated when a participant/family disagree with an adverse decision following an appeal to the MYPAC provider.
- MYPAC providers must:
  - Maintain records of any appeals including those received by subcontractors
  - Establish an appeal and fair hearing process that includes written policies and procedures
  - Participate in any review, appeal, fair hearing or litigation involving issues related to MYPAC at the request of DOM

Critical incidents are defined as any occurrence that results in injury, abuse, neglect or exploitation of a MYPAC participant.

MYPAC providers must do the following:

- Track the reporting of serious incidents as part of their on-going performance improvement plan.
- Report critical incidents in writing within forty-eight (48) hours to DOM MYPAC
- Incidents the plan will review shall include the following, at a minimum:
  - Life-threatening injuries
  - Allegations of staff misconduct
  - Allegations of sexual activity between MYPAC participants/providers
  - Allegations of abuse or neglect of a participant
  - Runaway of a participant
- Participate in investigations of abuse or neglect
- If trends are identified, submit corrective action plan (CAP) to DOM MYPAC that outlines the plan to prevent abuse, neglect, and exploitation of participants

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

Division of Medicaid **State of Mississippi** **Provider Policy Manual**	**New:** X **Revised:** **Current:**	**Date: 07/01/09** **Date:**
Section: Mississippi Youth Programs Around the Clock (MYPAC Waiver) **Subject: Reserved for Future Use**	**Section: 17.16-17.29** **Pages: 1** **Cross Reference:**	

Sections 17.16 through 17.29 are RESERVED FOR FUTURE USE.

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 two (2) 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 inquires 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 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 Wraparound Team Meeting**
  At least one (1) wraparound 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 participant's wraparound 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, **or**
  - Provider is already on Review Status and failed to show improvement in a follow-up OSCR, **or**

- 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, **or**
  - 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 **and**:
    - Request additional information or documentation, which must then be provided by the provider within ten (10) days of receiving the request, **AND/OR**
    - Schedule a continuation of the OSCR, in which case additional team members may participate in further on-site review of the facility, **OR**
    - 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
    - Supporting documentation (attached to the CAP and referenced in the narrative response)

- Example:
  - Description of element: Bio-psychosocial assessments include a developmental profile.

Refer to Provider Policy Manual Section 17.10 for Clinical Documentation Requirements.

- Findings: Developmental profiles were missing from two (2) of the charts reviewed, were inadequate or incomplete in two (2) others
- Plan of correction: Program Director will provide in-service training to provider staff on developmental history-taking and documentation. Bio-psychosocial assessments will be reviewed for completeness through record audits by Program Director
- Implementation Date: January 1, 2008
- Supporting documentation: Attachment A: Training logs

- 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:

Division of Medicaid
Director, Bureau of Mental Health Programs

If the MYPAC provider disagrees with the results of this appeal, the concerns should be addressed as follows:

Division of Medicaid
Deputy Administrator, Bureau of Health Services

If the MYPAC provider disagrees with the results of this appeal, the concerns should be addressed as follows:

Division of Medicaid
Executive Director

Address all correspondence to: Division of Medicaid
Walter Sillers Building
550 High St., Suite 1000
Jackson, MS 39201

MYPAC COMPLIANCE REVIEW INSTRUMENT (CRI)
Administrative Section: Document Review

Reviewer Name_____ Date_____

RATING SCALE: 4 – Exceeds Standards 3 – Meets Standards 2 – Sub-standard 1 – Unacceptable
Y – Yes N – No

Element	Rating	Comments
1) The MYPAC provider is certified by DMH to provide case management services.	Y N	
2) The MYPAC provider meets staffing requirements established by DOM.	Y N	
3) The MYPAC provider has informed DOM of all required administrative and professional staff changes.	Y N N/A	
4) The MYPAC provider's records and documentation are available and well organized.	Y N	
5) The MYPAC provider's policies and procedures are in accordance with DOM requirements.	Y N	
6) Documentation indicates that the MYPAC provider follows its policies and procedures in practice.	Y N	
7) A summary report of all grievances and appeals has been submitted to DOM quarterly, and documentation of their resolution is available for review.	Y N	
8) When an applicant is determined by the MYPAC provider to not meet criteria, the MYPAC provider informs the family and referral source of the reason for the denial in writing within 72 hours and maintains a log of denial notifications.	Y N	
9) The MYPAC provider has procedures and binding agreements to obtain medical care from community physicians to MYPAC participants when needed.	Y N	
10) Personnel records verify that MYPAC provider staff who provide services meet the DOM qualifications for the category of service they provide (licensed professional, skilled or unskilled staff).	Y N	
11) The MYPAC provider has informed DOM in writing of the occurrence of any critical incidents (life-threatening, allegations of staff misconduct abuse or neglect) within one working day following their occurrence.	Y N N/A	
12) Records and documentation are maintained for a period of 5 years.	Y N	

MYPAC COMPLIANCE REVIEW INSTRUMENT (CRI)
Program Section A: Document Review

Reviewer Name_____Date_____

RATING SCALE: 4 – Exceeds Standards 3 – Meets Standards 2 – Sub-standard 1 – Unacceptable
Y – Yes N – No

Element	Rating	Comments
1) Adequate staff in-service training is provided, as evidenced by: a) Orientation and supervised on-the-job training is provided to new staff prior to their being assigned independent responsibilities. b) A minimum of 20 hours of in-service training (excluding orientation) are received by each staff member per year. c) Training topics are appropriate to the needs of MYPAC service providers. d) Trainers are qualified in the area of training they provide.	4 3 2 1 4 3 2 1 4 3 2 1 4 3 2 1	
2) All MYPAC direct services staff will have documentation on record stating they have been trained in a professionally recognized method of handling difficult situations, de-escalating problem behaviors, and crisis management (i.e. CPI, MAB, MANDT, etc.).	Y N	
3) Adequate staff supervision is provided. Staff who provide services to participant and family receive a minimum of 4 hours of clinical supervision per month that are documented and provided through a combination of individual supervision, group supervision and participation in wraparound team meetings.	4 3 2 1	
4) Incident reports (accidents, injuries, allegations of staff misconduct) are maintained according to policy. Documentation indicates that incidents have been handled appropriately by the MYPAC provider staff.	Y N N/A	
5) Child abuse allegations are reported to proper authorities and to DOM MYPAC. Documentation indicates allegations have been reported to required authorities and DOM MYPAC staff.	Y N N/A	
6) Standards have been developed for evaluating the effectiveness of the provider's MYPAC services.	Y N	

MYPAC COMPLIANCE REVIEW INSTRUMENT (CRI)
Program Section B: Staff Interviews

Reviewer Name_____ Date_____

RATING SCALE: 4 – Exceeds Standards 3 – Meets Standards 2 – Sub-standard 1 – Unacceptable
Y – Yes N – No

Element	Rating	Comments
1) Staff understands the MYPAC provider's treatment philosophy and wraparound process, and can explain them.	4 3 2 1	
2) Staff participates regularly in wraparound team meetings.	4 3 2 1	
3) Staff reports receiving adequate supervision. Staff can identify their primary supervisor and at least two (2) other people with superior training and/or experience to whom they can turn for information, support and guidance. Staff perceives supervision as helpful to them in improving the quality of services they provide to MYPAC participants and families.	4 3 2 1	
4) Staff reports receiving adequate in-service training. Staff can summarize the salient points of at least one training provided within the last year. Staff perceives the training they have received as relevant to their job responsibilities.	4 3 2 1	
5) Staff perceives professional working relationships as cooperative and collaborative. Staff communication is timely, accurate and works for the benefit of MYPAC participants and families.	4 3 2 1	
6) Staff perceives the provider's administration as supportive of the MYPAC program and responsive to its needs and problems.	4 3 2 1	
7) Staff knows the procedure(s) that are in place for participants or families who call after hours.	4 3 2 1	
8) Staff understands and can explain the participants' Individualized Services Plans (ISP) including the Individualized Crisis Management Plan (ICMP).	4 3 2 1	

MYPAC Compliance Review Instrument (CRI)
Services Section A: Participant Record Review

Reviewer Name_____ Date_____

Participant Name _____ID#_____DHS Custody? ☐Yes ☐No

RATING SCALE: 4 – Exceeds Standards 3 – Meets Standards 2 – Sub-standard 1 – Unacceptable
Y – Yes N – No

Element	Rating	Comments
1) Organization		
a) Participant Record is well organized, information can easily be found.	Y N	
b) Copies of documents verifying custody are included, if other than parents.	Y N N/A	
2) Evidence that information has been provided to the participant and family regarding:		
a) Participant rights and responsibilities	Y N	
b) Consent for treatment	Y N	
c) Complaints and grievances	Y N	
d) Appeals and right to fair hearing	Y N	
3) Assessment / evaluation documentation that includes:		
a) Initial evaluation by psychiatrist or psychologist and re-evaluation annually that includes the multi-axial diagnosis.	Y N	
b) In-home assessment that contains:		
i) Developmental profile	Y N	
ii) Behavior assessment	Y N	
iii) Assessment of potential family resources	Y N	
iv) Medical history	Y N	
v) Current educational functioning	Y N	
vi) Family and participant strengths and needs	Y N	
4) Individualized Service Plan (ISP) contains:		
a) Wraparound Team composition		
i) Psychiatrist / clinical staff	Y N	
ii) PSC	Y N	
iii) Participant and family	Y N	
iv) Other formal and informal supports including FSS	Y N N/A	
b) Time lines met		
i) Comprehensive plan developed within 14 days of admission by full wraparound team.	Y N	
ii) Review at least every 30 days and as needed with the participant and family.	Y N N/A	
iii) Review at least annually by full wraparound team.	Y N N/A	

c) Required elements		
i) Family and participant strengths and needs.	4 3 2 1	
ii) Goals, measurable objectives, target dates for completion.	4 3 2 1	
iii) Names and positions of staff responsible for treatment modalities and services.	Y N	
d) Reviews and updates		
i) Note treatment successes, explain failures.	4 2 3 1	
ii) Identify changes in treatment.	4 3 2 1	
iii) Assess need for more or less services, or more restrictive treatment setting.	4 3 2 1 N/A	
iv) Assess progress.	4 3 2 1	
v) Contain signatures of wraparound team.	Y N	
e) Evidence that family and participant are involved.	4 3 2 1	
f) Evidence of participant's access to non-waiver services including health services.	4 3 2 1	
g) Methods identified for prompt follow-up and remediation of identified problems or needs.	Y N	
h) Evidence that the Individualized Crisis Management Plan (ICMP) addresses potential crisis situations:		
i) Identifies possible triggers and precursors.	4 3 2 1	
ii) Contains action steps or strategies for averting potential crises.	4 3 2 1	
iii) Contains contact number and person who is available 24/7 for crisis mitigation and resolution.	Y N	
iv) Provides for crisis debriefing after resolution.	Y N	
5) Case Management Service Plan		
a) Completed plan is in the participant's record.	Y N	
b) Plan has been reviewed within the past 6 months.	Y N	
c) Plan contains required signatures and dates.	Y N	
6) Services Documentation		
a) Minimum service contact requirements:		
i) Participant – at least one face-to-face contact per week.	Y N	
ii) Family – at least one face-to-face contact per month.	Y N	
iii) Case Management – at least three contacts with participant and/or family per week.	Y N	
iv) Evidence that services identified in ISP are being delivered (a list of 2 or more services that are provided at least monthly).	4 3 2 1	
b) All services:		
i) Date	Y N	
ii) Summary	4 3 2 1	
iii) Outcome and plan	4 3 2 1	
iv) Staff signature(s)	Y N	
c) Psychotherapy (individual, group, family) sessions:	**N/A or:**	
i) Length of session (time in and time out)	Y N	
ii) Summary of content/process	4 3 2 1	
iii) Clearly has therapeutic focus	4 3 2 1	
iv) Progress toward treatment goals	4 3 2 1	
v) Frequency consistent with ISP	Y N	
vi) Relates to goals/objectives in ISP	4 3 2 1	

Participant ID#: _____

vii) Specific to therapy type: (1) Individual therapy includes participant's mental status. (2) Group therapy includes participant's behavior and functioning in group setting. (3) Family therapy includes participant's response to family members.	 4 3 2 1 N/A 4 3 2 1 N/A 4 3 2 1 N/A	
d) Medication management:	**N/A or:**	
i) Informed consent for medication(s), signed by the parent/guardian, that include symptoms which medications are targeting is in the participant record.	Y N	
ii) Effectiveness of medications is clear.	4 3 2 1	
iii) Current medications are reflected in the Medication Profile Sheet.	Y N	
iv) Medications are prescribed, reviewed, revised and monitored by the psychiatrist at least every 90 days.	Y N	
v) Participant is assessed for side effects.	Y N	
vi) Participant and family have been educated about medications.	Y N	
e) Case Management:		
i) Services provided relate to identified needs of family and participant.	4 3 2 1	
ii) Services listed in the ISP are being accessed / provided, or their absence explained.	4 3 2 1	
iii) Case management progress notes relate to goals (objectives).	4 3 2 1	
iv) Case management activities are identified and there is evidence they have been provided.	4 3 2 1	
f) Wraparound:		
i) Services provided are consistent with needs outlined in the ISP.	4 3 2 1	
ii) Purpose and results of services are easily identified.	4 3 2 1	
7) Discharge / Transition	**N/A or:**	
a) Detailed plan for aftercare services is developed prior to discharge/transition (3 months prior, when possible) through the wraparound process.	Y N	
b) Plan includes:		
i) MYPAC services begin and end dates.	Y N	
ii) Reason for discharge or transition.	Y N	
iii) Custodial person or agency.	Y N N/A	
iv) Address where participant will reside.	Y N N/A	
v) Current diagnoses (any changes from the initial evaluation are noted and explained within the participant record).	4 3 2 1	
vi) Medication information, in lay terms.	Y N N/A	
vii) Recommendations for parents, schools, mental health providers or others.	4 3 2 1	
viii) Names, addresses & phone numbers of continued care provider(s) and other appropriate referrals.	Y N	
ix) Dates and times of any appointments scheduled.	Y N N/A	
x) Signature of parent/guardian.	Y N	
c) Participant and family were actively involved in the		

development of the plan and received a copy. d) Participant and family signed relevant release forms and the plan was sent to selected providers. e) Participant and family received a copy of the plan.	Y N Y N Y N	
8) Institutional Respite Documentation of: a) Reason for admission. b) Activities of MYPAC staff to assist in transition back home as quickly as possible. c) Steps taken to divert admission. d) Summary of stay (i.e., discharge summary).	**N/A or:** 4 3 2 1 4 3 2 1 4 3 2 1 Y N	

MYPAC COMPLIANCE REVIEW INSTRUMENT (CRI)
Services Section B: Participant Interview, Family Interview, and Home Visit

Reviewer Name_____ Date_____

Participant Name_____ ID#_____

OR

Family Member Name_____ Relationship_____

RATING SCALE: 4 – Exceeds Standards 3 – Meets Standards 2 – Sub-standard 1 – Unacceptable
Y – Yes N – No

Element	Rating	Comments
1) Participant and family are encouraged to voice their concerns and opinions freely regarding their treatment and treatment planning. They perceive open, collaborative communication between themselves and provider staff.	Participant: 4 3 2 1 Family: 4 3 2 1	
2) Participant and family are integral to and active in wraparound team meetings. They are knowledgeable about their treatment goals and have helped to set them.	Participant: 4 3 2 1 Family: 4 3 2 1	
3) Participant and family understand their MYPAC services and are working toward their goals.	Participant: 4 3 2 1 Family: 4 3 2 1	
4) Participant and family are able to contact and communicate directly with MYPAC provider staff 24/7.	Participant: Y N Family: Y N	
5) Participant and family are able to describe their crisis plan. If the crisis plan has been used, they believe it was effective.	Participant: 4 3 2 1 Family: 4 3 2 1	
6) Participant and family are knowledgeable about the prescribed medications: names, strengths and frequency of dosages, and which symptoms each medication targets. They are aware of possible side effects of these medications and that assistance with questions or concerns is readily available from an appropriate professional.	Participant: 4 3 2 1 Family: 4 3 2 1 **or** N/A if on no medications	
7) Participant and family believe their complaints and concerns are handled in a timely and appropriate manner.	Participant: Y N Family: Y N	
8) Participant and family have a positive perception of the MYPAC program and how they are being served by it. They are engaged with the provider and perceive their PSC as genuinely interested in their welfare and capable of helping them.	Participant: 4 3 2 1 Family: 4 3 2 1	

9) Participants and families feel they are making progress in their treatment and can explain why.	Participant: 4 3 2 1 Family: 4 3 2 1	
10) Home visit a) Safety: i) Risk factors identified in the service plan have been addressed. ii) Home reveals no obvious safety concerns. b) Health: i) Risk factors identified in the service plan have been addressed. ii) No evidence of immediate health needs.	 Y N N/A Y N Y N N/A Y N	

MYPAC COMPLIANCE REVIEW INSTRUMENT (CRI)
Services Section C: Wraparound Team Meeting Observation

Reviewer Name:_____ Date:_____

Participant Name: _____ ID#:_____

(Complete the most current version of the "Wraparound Fidelity Assessment System, Team Observation Measure", to score this section.)