



MISSISSIPPI DIVISION OF
MEDICAID

**Mississippi Administrative Code Title 23: Medicaid, Part 207:
Institutional Long-Term Care, Chapter 4: Psychiatric
Residential Treatment Facilities, Rule 4.9: Treatment Planning.**

Public Comments:

Drew Snyder, Executive Director
550 High Street, Suite 1000,
Jackson, MS 39201
DOMPolicy@medicaid.ms.gov

Dear Mr. Snyder:

Families as Allies respectfully submits these comments about Title 23: Division of Medicaid Part 207: Institutional Long-Term Care Chapter 4: Psychiatric Residential Treatment Facilities Rule 4.9: Treatment Planning that is open for comment. We believe our recommendations make the policy more consistent with [state law](#) (SECTIONS 43-14-1, 43-14-3 AND 43-14-5, 1 MISSISSIPPI CODE OF 1972) about the system of care, family-driven practice, wraparound care coordination and Making a Plan (MAP) teams:

1. 4.9.A.4 (middle of page 1) – **This language:** “The treatment plan document must contain evidence of the individual’s and his/her parent or legal guardian’s active participation in the treatment planning/review/revision process,” **should be updated to:** “The treatment plan document and progress notes must contain evidence that the treatment team actively partners with families and fully includes families in decisions, including by scheduling meetings and calls at times that work for families and asking families what types of supports would be most helpful to them and implementing those supports.”
2. 4.9.C.8. (b) (bottom of page 2) – **This language:** “If special procedures become necessary, the treatment plan must be amended or modified within one (1) working day of the first incident to reflect the use of the least restrictive necessary measures. The effectiveness or

ineffectiveness of interventions must be evaluated and incorporated into the individual's treatment plan to be used as a basis for future interventions" **should be updated to clarify that the interventions in the treatment plan are those intended to support the child in managing behavior, not the special procedures themselves. Special procedures are not treatment interventions.**

3. 4.9.C.10 (middle of page 3) – **This language:** "Identification of goals, objectives and treatment strategies for the family as well as the individual, and identification of the clinician responsible for family treatment. If a geographically distant therapist will be utilized, this must be specified in the treatment plan," **should be deleted and replaced with language that requires and reflects a family-driven approach and making the family aware of wraparound care coordination. For example:** "The responsible clinician regularly contacts the family to learn more about their goals, needs and input for their child and supports the family in reaching the goals that are important to them. The treatment team ensures the family is offered the opportunity to utilize wraparound care coordination and facilitates the family learning about wraparound facilitation that is available in their area via their local Making a Plan (MAP) team."
4. 4.9.C.11 (c) (middle of page 6) – **This language:** "No later than seven (7) days prior to discharge, the discharge plan must also include an aftercare plan that addresses coordination of family, school/vocational and community resources, including recommendations and/or arrangements for further treatment, to ensure continuity of care for the individual," **should be updated to say:** "No later than seven (7) days prior to discharge, the discharge plan must also include an aftercare plan that addresses coordination through the local Making A Plan team, of family, school/vocational and community resources, including recommendations and/or arrangements for further treatment, to ensure continuity of care for the individual. Coordination with the local MAP team should begin within one working day of admission to ensure that the MAP team can function as the single point of entry and re-entry as designated in state law."

This policy being open for comment is an opportunity for the Division of Medicaid to strengthen Mississippi's system of care for children's mental health and support it in functioning more consistently with statute, including by MAP teams being the single point of entry and re-entry for the population of children defined in the statute and families being routinely offered the opportunity to have wraparound coordination. Our suggestions include this outreach to families going through MAP teams so that any potential conflicts of interest are minimized. We encourage the Division to make the most of this opportunity. As always, Families as Allies is very happy to support the Division with any of these efforts. We also encourage the Division to coordinate these and any other system of care efforts through the Interagency Coordinating Council for Children and Youth.

Please let me know if I can provide any other information. We look forward to the Division's written response to our comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Joy Hogge". The signature is written in a cursive, flowing style.

Joy Hogge, Executive Director
