

# MYPAC

## Mississippi Youth Programs Around the Clock



Mississippi Youth Program Around the Clock (MYPAC) is designed to provide an in-home community based alternative to long-term psychiatric residential care.

### WHO DO WE SERVE?

- Children and adolescents who can be safely maintained in their homes and communities and meet the following requirements for admission
- Ages birth-21
- Medicaid Eligibility
- Serious Emotional Disturbance
- IQ of 60 or above
- A psychological or psychiatric evaluation conducted within 60 days of the MYPAC enrollment that includes a recommendation for long-term psychiatric residential treatment/MYPAC as the level of care



### WHAT FEATURES DOES THIS SERVICE PROVIDE?

#### CRISIS INTERVENTION SERVICES

- Available 24 hours a day, 7 days a week

#### WRAPAROUND

- To ensure the families voice is heard and they are full decision makers in charge of their own lives
- To ensure caregivers and youth have access to resources and services
- To ensure the family has ownership of the planning process in partnership with the Child and Family Team committed to carrying out the plan

#### CLINICAL SERVICES

- Psychiatric Services
- Medication Management
- Individual and Family Therapy

### HOW TO MAKE A REFERRAL:

- A child can be referred to MYPAC by calling 800.388.6247 to speak with a MCHS care coordinator.

MYPAC IOP Initial Screening Form

Mississippi Children's Home Services  
P.O. Box 1078  
Jackson, MS 39215  
Office: 601-352-7784 / Fax: 769-777-1242  
Attention: Jodie Ball (Admission Coordinator)



Date \_\_\_\_\_

Youth's Name \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security # \_\_\_\_\_ Medicaid # \_\_\_\_\_

Youth's Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone #: \_\_\_\_\_

In DHS Custody?  Yes  No Social Worker: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell# \_\_\_\_\_

Has the youth received any services through Mississippi Children's Home Services?

- MYPAC  CFSSP  TFC  Shelters  
 ARK  TLC  CARES  CARES School  Other

What is the primary behavioral issue that is prompting this referral?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the youth ever applied for MYPAC before? Where & When?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you think this youth is at risk to be admitted into a Psychiatric Residential Treatment Facility (PRTF)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the youth ever been in a PRTF? If yes, number of times, when, & where?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the youth ever required/received acute psychiatric care? If yes, where & when?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the youth ever received services from a community mental health center? If yes, where and when?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the youth under the care of a psychiatrist/psychologist? If yes, who & where?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the youth ever been diagnosed with any type of Serious Emotional Disorder (SED)? If yes, provide diagnosis <b>(AXIS I-II)</b> .
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the youth regularly take any prescription drugs? If yes, list them.

**School Setting: Does the youth experience problems now or in the past with ...**

<input type="checkbox"/> Yes <input type="checkbox"/> No	school attendance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	disciplinary actions?
<input type="checkbox"/> Yes <input type="checkbox"/> No	poor grades?

**Juvenile Justice System: Does the youth experience problems now or in the past with ...**

<input type="checkbox"/> Yes <input type="checkbox"/> No	being arrested?
<input type="checkbox"/> Yes <input type="checkbox"/> No	being placed in a detention center?
<input type="checkbox"/> Yes <input type="checkbox"/> No	being placed on youth court probation?

**Drug or Alcohol Abuse: Does the youth experience problems now or in the past with ...**

<input type="checkbox"/> Yes <input type="checkbox"/> No	drugs or alcohol?
<input type="checkbox"/> Yes <input type="checkbox"/> No	relationships or school being affected by use?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the youth received treatment for substance abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the youth been observed using drugs and alcohol by you or reported by others?

**Safety / Risk Factors: Does the youth experience problems now or in the past with ...**

<input type="checkbox"/> Yes <input type="checkbox"/> No	threatening or attempting to harm self or others?
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**Family Functioning Issues: Does the youth experience problems now or in the past with ...**

<input type="checkbox"/> Yes <input type="checkbox"/> No	abuse and/or neglect?
<input type="checkbox"/> Yes <input type="checkbox"/> No	running away from home?
<input type="checkbox"/> Yes <input type="checkbox"/> No	causing severe strain on the family/family relationships?

**The following questions are to be answered by the parent/guardian of youth:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you and the family be willing to actively participate and be supportive of the youth and the MYPAC community-based program?
How did you hear about MYPAC?	

**Contact Information for the person making this referral**

Referral Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_



DIVISION OF MEDICAID  
BUREAU OF MENTAL HEALTH PROGRAMS



MYPAC FREEDOM OF CHOICE  
SELECTION FORM  
DOM Fax: (601) 359-6294

Participant Name

MID

Section 1902(a) (23) of the Social Security Act says that all Medicaid beneficiaries have the right to freedom of choice of providers for Medicaid covered services. As a Medicaid beneficiary, you also have the right to choose how you will get services. You can choose to get these services in one of two ways; psychiatric residential treatment facilities (PRTF) or in the *MYPAC* community-based program. The *MYPAC* program is a demonstration program. If you choose *MYPAC*, you must take part in a National Evaluation (Study). The Study is to find out if youth can get mental health services in their homes and communities instead of going to a PRTF and keep up or make better their level of functioning. The Study will also find out if *MYPAC* is cost-effective.

Check the box next to the type of service you want. If you do not want *MYPAC* services, please check that box.

- Psychiatric Residential Treatment Facility (PRTF)
- MYPAC* Community-based Demonstration Program with Participation in the Study
- Do not want *MYPAC* services

If you chose *MYPAC*, please look at the following list of *MYPAC* Primary Service Coordinators ~~who will offer~~ Mississippi Division of Medicaid *MYPAC* waiver services.

Check the box next to the Primary Services Coordinator that you want. If you do not have a choice, please check the box next to "No Choice". A Primary Service Coordinator will be picked for you.

- Mississippi Children's Home Society
- Youth Villages
- No Choice

I agree to this screening process. I have had program choices explained to me. I have made my choice by marking a check in the correct boxes above. I understand that the Medicaid program has clinical and financial eligibility requirements that are not a part of this screening. I give the okay to the agency or the attending doctor to give DOM the information needed to meet the federal requirements to look at and/or help me in getting services.

SIGNATURE

DATE

PRINTED NAME