

By: Ford

To: Public Health and
Welfare

HOUSE BILL NO. 250
(As Sent to Governor)

1 AN ACT TO REENACT SECTIONS 43-14-1 THROUGH 43-14-7,
2 MISSISSIPPI CODE OF 1972, WHICH ESTABLISH THE CHILDREN'S ADVISORY
3 COUNCIL AND PROVIDE FOR A PILOT PROGRAM OF SERVICES AND CARE FOR
4 CERTAIN CHILDREN; TO AMEND REENACTED SECTION 43-14-1, MISSISSIPPI
5 CODE OF 1972, TO REVISE CERTAIN DATES RELATING TO THE PILOT
6 PROGRAM; TO AMEND SECTION 43-14-9, MISSISSIPPI CODE OF 1972, TO
7 EXTEND THE DATE OF THE REPEALER; TO AMEND SECTION 43-27-307,
8 MISSISSIPPI CODE OF 1972, TO REVISE THE DATE FOR THE SUBMISSION OF
9 THE PLAN FOR COMPREHENSIVE CARE AND PLACEMENT OF CHILDREN TO BE
10 SUBMITTED BY THE JUVENILE HEALTH RECOVERY PROGRAM; TO ESTABLISH A
11 JOINT COMMITTEE TO STUDY AND MAKE RECOMMENDATIONS CONCERNING THE
12 COORDINATION OF NECESSARY MULTIPLE SERVICES TO CHILDREN AND YOUTH;
13 AND FOR RELATED PURPOSES.

14 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

15 SECTION 1. Section 43-14-1, Mississippi Code of 1972, is
16 reenacted and amended as follows:

17 43-14-1. (1) The purpose of this chapter is to pilot the
18 development of a coordinated interagency system of necessary
19 services and care in two (2) regions of the state, designated by
20 the Children's Advisory Council established herein, for children
21 and youth up to age twenty-one (21) with serious
22 emotional/behavioral disturbance or mental illness who require
23 services from a multiple services and multiple programs system, in
24 the most fiscally responsible (cost efficient) manner possible,
25 based on an individualized plan of care which takes into account
26 other available interagency programs, including, but not limited
27 to, Early Intervention Act of Infants and Toddlers, Section
28 41-87-1 et seq., Early Periodic Screening Diagnosis and Treatment,
29 Section 43-13-117(5), waived program for home- and
30 community-based services for developmentally disabled people,
31 Section 43-13-117(29), and waived program for targeted case

32 management services for children with special needs, Section
33 43-13-117(31), and is tied to clinically appropriate outcomes.
34 Some of the outcomes are to reduce the number of inappropriate
35 out-of-home placements inclusive of those out-of-state.

36 (2) There is established a Children's Advisory Council
37 comprised of one (1) member from each of the appropriate
38 child-serving divisions or sections of the State Department of
39 Health, the Department of Human Services, the State Department of
40 Mental Health, the State Department of Education, the Division of
41 Medicaid of the Governor's Office, a family member designated by
42 Mississippi Families as Allies for Children's Mental Health, Inc.
43 and a representative from the Mississippi Council of Youth Court
44 Judges.

45 (3) The Children's Advisory Council shall oversee a pool of
46 state funds contributed by each participating agency that
47 currently expends funds for services, including residential and
48 psychiatric care for the children and youth who are to be served
49 by this chapter. This pool of funds shall be available for
50 providing necessary community-centered services based on an
51 individualized plan of care. The monetary contribution of each
52 participating agency shall be determined as fair and equitable by
53 the governing board or other duly authorized state level oversight
54 authority for such agency by July 1 of each fiscal year, to begin
55 July 1, 1998. In lieu of contributing funds, the State Department
56 of Health shall contribute to the pilot system of care program
57 described in this section in-kind health/medical services through
58 the department to the children and youth to be served by this
59 chapter.

60 (4) The local coordinating care entity to administer the
61 pilot program in the two (2) designated regions shall be
62 designated by the Children's Advisory Council. Each local
63 coordinating care entity is an administrative body capable of
64 securing and insuring the delivery of services and care across all
65 necessary agencies and/or any other appropriate service
66 provider(s) to meet each child or youth's authorized plan of care.

67 After June 30, 1999, the Children's Advisory Council will add an
68 additional coordinating care entity so that all of the children in

69 the State of Mississippi served by this chapter will be covered by
70 June 30, 2000. Those local coordinating care entities designated
71 by the Children's Advisory Council shall be those that clearly
72 reflect their capability to select and secure appropriate services
73 and care in the most cost-efficient and timely manner for the
74 children and youth who are to be served by this chapter.

75 (5) Each state agency named in subsection (2) of this
76 section shall enter into a binding interagency agreement to
77 participate in the oversight of the pilot system of care program
78 for the children and youth described in this section. The
79 agreement shall be signed and in effect by July 1, 1998, and shall
80 remain in effect for a period of three (3) years, through June 30,
81 2001.

82 SECTION 2. Section 43-14-3, Mississippi Code of 1972, is
83 reenacted as follows:

84 43-14-3. The powers and responsibilities of the Children's
85 Advisory Council shall be as follows:

86 (a) To select two (2) regions of the state in which to
87 pilot the system of care;

88 (b) To implement a Request for Proposal process through
89 which a local coordinating care entity will be selected in the two
90 (2) designated regions to perform the functions provided in
91 Section 43-14-7;

92 (c) To serve in an advisory capacity and to provide
93 state level leadership and oversight to the development of the
94 pilot system of care;

95 (d) To insure the creation and availability of an
96 annual pool of funds from each participating agency member of the
97 Children's Advisory Council that includes an amount to be
98 contributed by each agency and a process for utilization of those
99 funds;

100 (e) To contract and expend funds for any contractual
101 technical assistance and consultation necessary to plan and

102 develop a functional and flexible blended pool of funds.

103 SECTION 3. Section 43-14-5, Mississippi Code of 1972, is
104 reenacted as follows:

105 43-14-5. There is created in the State Treasury a special
106 fund into which shall be deposited all funds contributed by the
107 Department of Human Services, Department of Mental Health and
108 State Department of Education for the operation of the pilot
109 system of care program. By the first quarter of the 1998 and 1999
110 state fiscal year, each agency named in this section shall pay
111 into the special fund out of its annual appropriation a sum equal
112 to the amount determined by the board or other duly authorized
113 state level oversight authority for that agency and accepted by
114 the board or other duly authorized state level oversight authority
115 for each other agency on the Children's Advisory Council.
116 Additionally, the Division of Medicaid shall use all unmatched
117 funds not committed for another purpose to match federal Medicaid
118 funds for any Medicaid approved services that will be used in the
119 pilot program for Medicaid eligible children and youth to be
120 served by this chapter.

121 SECTION 4. Section 43-14-7, Mississippi Code of 1972, is
122 reenacted as follows:

123 43-14-7. (1) The Children's Advisory Council shall contract
124 with the selected local coordinating care entity in the two (2)
125 designated regions in the pilot program, and these entities shall
126 administer the program according to the terms of the contract with
127 the Children's Advisory Council.

128 (2) Persons eligible for services provided through the pilot
129 system of care program are persons under the age of twenty-one
130 (21) with serious emotional or behavioral disorders or mental
131 illnesses who require services from a multiple services and
132 multiple programs system, including other interagency programs
133 which serve the children and youth to be served by this chapter
134 including, but not limited to, Early Intervention Act of Infants

135 and Toddlers, Section 41-87-1 et seq., Early Periodic Screening
136 Diagnosis and Treatment, Section 43-13-117(5), waived program
137 for home- and community-based services for developmentally
138 disabled people, Section 43-13-117(29), and waived program for
139 targeted case management services for children with special needs,
140 Section 43-13-117(31). Those children and youth to be served by
141 this chapter who are eligible for Medicaid shall be screened
142 through the Medicaid Early Periodic Screening Diagnosis and
143 Treatment (EPSDT) and their needs for medically necessary services
144 shall be certified through the EPSDT process. Children who are
145 not Medicaid eligible, but who meet the other eligibility
146 criteria, shall be screened through a process similar to EPSDT,
147 and if determined eligible, shall have access to their necessary
148 services in the pilot system of care program through a mechanism
149 determined by the Children's Advisory Council and funded through
150 the operating fund provided in Section 43-14-5.

151 (3) Services that may be provided through the pilot system
152 of care program shall include, but not be limited to, intensive
153 home-based intervention, respite, therapeutic recreational
154 services, emergency and crisis management, care management, day
155 treatment, diagnosis and therapy. Services provided through the
156 pilot system of care program shall be provided in the home setting
157 of the recipient whenever feasible, rather than in a clinical
158 setting. Services in the community of the recipient shall be
159 considered and implemented before authorizing a more restrictive,
160 out-of-home community setting. Where appropriate, other
161 interagency programs which serve the children and youth to be
162 served by this chapter, including, but not limited to, Early
163 Intervention Act of Infants and Toddlers, Section 41-87-1 et seq.,
164 Early Periodic Screening Diagnosis and Treatment, Section
165 43-13-117(5), waived program for home- and community-based
166 services for developmentally disabled people, Section
167 43-13-117(29), and waived program for targeted case management

168 services for children with special needs, Section 43-13-117(31),
169 shall be utilized.

170 (4) The local coordinating care entity authorized to operate
171 the pilot program shall employ case managers who shall be
172 responsible for setting up an interdisciplinary team composed of
173 members of the child's family or other primary caregivers, and
174 appropriate professional service providers. This team shall
175 determine an individualized and clinically appropriate plan of
176 care for the child. The case manager shall arrange for those
177 services called for in each plan of care to be provided to the
178 child. Where appropriate other interagency programs which serve
179 the children and youth to be served by this chapter, including,
180 but not limited to, Early Intervention Act of Infants and
181 Toddlers, Section 41-87-1 et seq., Early Periodic Screening
182 Diagnosis and Treatment, Section 43-13-117(5), waived program
183 for home- and community-based services for developmentally
184 disabled people, Section 43-13-117(29), and waived program for
185 targeted case management services for children with special needs,
186 Section 43-13-117(31), shall be utilized.

187 (5) Payment for services dictated by the plan of care shall
188 be made to the providers of the services by the selected local
189 coordinating care entity in the two (2) designated regions
190 utilizing the blended fund pool established for the pilot program.

191 SECTION 5. Section 43-14-9, Mississippi Code of 1972, is
192 amended as follows:

193 43-14-9. Sections 43-14-1 through 43-14-7 shall stand
194 repealed on July 1, 2001.

195 SECTION 6. Section 43-27-307, Mississippi Code of 1972, is
196 amended as follows:[LR1]

197 43-27-307. The Juvenile Health Recovery Advisory Board shall
198 submit to the Governor and the Legislature, on or before April 15,
199 2000, a recommendation for a comprehensive, multidisciplinary plan
200 for the care, treatment and placement of children identified in

201 Section 2 of this act. The advisory board shall submit to the
202 Governor and the Legislature, on or before September 15, 2000,
203 recommended rules and regulations for the operation of the
204 Juvenile Health Recovery Program.

205 SECTION 7. The Chairman of the Senate Public Health and
206 Welfare Committee, the Chairman of the House Public Health and
207 Welfare Committee, the Chairman of the Senate Appropriations
208 Committee, the Chairman of the House Appropriations Committee,
209 three (3) members of the Senate Public Health and Welfare
210 Committee to be appointed by the Lieutenant Governor and three (3)
211 members of the House Public Health and Welfare Committee to be
212 appointed by the Speaker of the House, shall conduct a hearing to
213 study and make recommendations to the Legislature regarding the
214 development and funding of a coordinated interagency system of
215 necessary services and care for (a) children and youth up to age
216 twenty-one (21) with serious emotional/behavioral disturbance or
217 mental illness who require services from a multiple services and
218 multiple programs system; (b) children suspended or expelled from
219 a local school district for serious and chronic misconduct; (c)
220 children with alcohol and drug abuse problems; (d) children with
221 co-occurring disorders (mental illness and alcohol and drug abuse
222 problems); (e) neglected, abused or delinquent children with
223 serious emotional or behavioral problems that would be subject to
224 the jurisdiction of the Department of Human Services or the youth
225 court; and (f) those children with special mental health needs for
226 whom the necessary array of specialized services and supports is
227 not available in the state, in the most fiscally responsible (cost
228 efficient) manner possible, based on an individualized plan of
229 care which takes into account other available interagency
230 programs, including, but not limited to, Early Intervention Act of
231 Infants and Toddlers, Section 41-87-1 et seq., Early Periodic
232 Screening Diagnosis and Treatment, Section 43-13-117(5), and
233 waived program for targeted case management services for

234 children with special needs, Section 43-13-117(31), and is tied to
235 clinically appropriate outcomes. Some of the outcomes are to
236 reduce the number of inappropriate out-of-home placements
237 inclusive of those out-of-state and to reduce the number of
238 inappropriate school suspensions and expulsions for this
239 population of children.

240 The joint committee shall meet on a date determined jointly
241 by the Chairmen of the Senate and House Public Health and Welfare
242 Committees who shall serve as cochairmen. The joint hearing shall
243 be limited to a two-day period.

244 The joint committee may make a written report of its findings
245 and recommendations, and mail copies of the report to each member
246 of the Legislature not later than December 1, 2000. The joint
247 committee may consult and seek advice from various groups in the
248 state in order to understand the effect of any existing laws or
249 any changes in law being considered by the committee.

250 For attending meetings of the joint committee, each member
251 shall be paid per diem, mileage and expense allowance in the
252 amount authorized for committee meetings when the Legislature is
253 not in session, from the contingent expense fund of the member's
254 respective house. However, no per diem compensation, mileage
255 allowance or expense allowance shall be paid for attending
256 meetings of the joint committee while the Legislature is in
257 session, and no per diem compensation, mileage allowance or
258 expense allowance shall be paid without prior approval of the
259 proper committee in the member's respective house.

260 SECTION 8. This act shall take effect and be in force from
261 and after July 1, 2000.