Mississippi IDEA Part C Early Intervention Task Force

Final Report and Recommendations

To the Legislature and Mississippi State Department of Health as required by S.B. 2167, Laws of 2023

Report Date: December 1, 2023

Mississippi IDEA Part C - Early Intervention Task Force

Dr. Susan Buttross, Chair

December 1, 2023

Dear Members of the Mississippi State Legislature:

As Chair of the Early Intervention Task Force, I would like to first thank you for recognizing the importance of caring for the youngest and most vulnerable citizens of Mississippi by establishing the Early Intervention Task Force. This task force brought together leaders from across the state in early child health, education and development dedicated to better understanding the challenges and needs of Mississippi's birth to 3 population who require early intervention services.

I am pleased to report that the task force members have been extremely dedicated and generous with their time and talents, which has culminated in this top-notch report. With the excellent support of staff from the Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER), we have studied the present organizational and operational services and funding of the early intervention system and have gathered information from early intervention programs in highly successful states in the southern region. We have looked at alternative service delivery and billing models designed to be more efficient and user friendly.

Over the course of the last several months, the task force has solicited oral and written testimony from dozens of parents, physicians, allied health professionals and concerned citizens who have engaged with the early intervention system to ensure that stakeholder feedback was reflected in our report. All of this data collection and research has resulted in a series of findings and recommendations that we believe will improve Mississippi's early intervention system and allow us to serve more children, engage more service providers and raise the quality of care.

Strong and robust early intervention services in Mississippi are key to preparing our children for a successful entry into school and ultimately to their becoming contributing members of our state's workforce. While there is much work to be done to strengthen

the current program, I believe that you are holding the roadmap to success in your hands. The task force remains committed to the goal of continued improvement in early intervention services and, in partnership with Mississippi State Department of Health, believes we can take the necessary steps to get there.

Thank you again, for your attention to a matter that is not only important for young children but also for the future of our great state.

Respectfully,

Susan Buttross. M.D., FAAP
Chair

MISSISSIPPI STATE DEPARTMENT OF HEALTH

December 1, 2023

Dear Members of the Mississippi Legislature:

On behalf of the Mississippi State Department of Health, I want to extend my appreciation of the countless hours of work done through the Early Intervention Task Force. The task force has thoughtfully put recommendations forth that will strengthen the Part C Early Intervention Program in Mississippi. As a physician, grandfather and task force member, this work has been important to me personally and to our agency.

Seeing the diligence and focus of the task force has been a source of motivation for the early intervention community. We know that positive early intervention experiences in the lives of young children are essential to later successes. The spirit of collaboration among the members reminds us all of the importance of the Part C Early Intervention Program. I have the highest hopes that the spirit of collaboration will continue to flow into the everyday work of early intervention.

With the support of outstanding staff from PEER, the task force has identified systemic challenges within the Part C Early Intervention Program. More importantly, the task force has made recommendations to improve the quality of services provided and the number of children served through the program. As the lead agency for the Part C Early Intervention Program, it is now the responsibility of the Mississippi State Department of Health to operationalize these recommendations within the context of the requisite federal rules and financial constraints of the program.

A single agency cannot do that alone. We will rely heavily on the support and combined experience of the Mississippi Legislature, task force members, and other partners to implement recommendations that will lead to systems change in early intervention in our state.

Please know that we support the mission of the Part C program and believe that early intervention does lead to better educational, social and health outcomes for Mississippians.

Sincerely,

Daniel Edney, MD

Daniel P. Edney, M.D.
State Health Officer

570 East Woodrow Wilson • Post Office Box 1700 • Jackson, MS 39215-1700
601-576-8090 • 1-866-HLTHY4U • www.HealthyMS.com

Equal Opportunity in Employment/Services

Report Contents

i Letters from the Chair and the Mississippi State Health Officer

1 Early Intervention Task Force Members and Advisors

3 Introduction

- Authority
- Acknowledgements and Appreciation
- Overview of IDEA Part C
- Methods and Procedures for Developing Findings and Recommendations
- Overview and Forward Movement of Early Intervention Services in Mississippi

19 Findings and Recommendations

- Restructuring the First Steps Program and Service Delivery Model
- Additional Funding and Resources Needed to Support Early Intervention Services
- Improvement of the Mississippi State Department of Health's Early Intervention Policies, Procedures, and Processes

56 Attachments

Attachment A: S.B. 2167

Attachment B: IDEA Part C Categories to Define Developmental Delay in Each State

Attachment C: List of Nine Other States Reviewed by the Task Force

Attachment D: Summary of Task Force Meetings

Attachment E: Map of the Local Early Intervention Programs (LEIPs) Overseen by MSDH

Attachment F: Three Primary Early Intervention Service Delivery Models Utilized by the 50 States

Attachment G: Number of Service Providers Contracted with the First Steps Program by County

Attachment H: Map of Service Providers Contracted with the First Steps Program by County and Discipline

Attachment I: Draft Legislation Proposed by the Task Force

Attachment J: Percentage of Eligible Infants and Toddlers Provided Services within 45 Days of Referral

Attachment K: Organization Chart for the First Steps Program

Attachment L: Percentage of Children Receiving Services in the Natural Environment

Mississippi IDEA Part C - Early Intervention Task Force Members and Advisors

S.B. 2167, Laws of 2023

S.B. 2167, 2023 Regular Session, established the Early Intervention (EI) Task Force to study the IDEA Part C early intervention system in Mississippi. The EI Task Force is composed of 21 appointees from the Legislature, state agencies, and professional/advocacy organizations. Additionally, the president of each university within the Institutions of Higher Learning (IHL) could elect to choose a faculty member to assist the Task Force with research. Further, S.B. 2167 requires staff of the Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER) to provide necessary clerical support for the meetings of the Task Force and the preparation of the final report.

Appointed Members

Chair

Susan Buttross, M.D. FAAP, Professor in the Department of Pediatrics, University of Mississippi Medical Center

State Agencies and Organizations

Daniel Edney, M.D., State Health Officer, Mississippi State Department of Health

Kaye Carr, Program Director, Mississippi School for the Deaf

Heather Hanna, PhD, Associate Research Professor, Social Science Research Center, Mississippi State University

Carlen Henington, PhD, Professor and Curriculum Coordinator, Mississippi State University

Sophia Leggett, PhD, Professor of Public Health, Jackson State University

Courtney Walker, PhD, Director for the Child Health and Development Promotion Fellowship, University of Mississippi Medical Center

Mississippi Legislature

Richard Bennett, Chair of Education, House of Representatives

Hob Bryan, Chair of Public Health, Senate

Nicole Boyd, Senate

Kevin Felsher, House of Representatives

Chris Johnson, Senate

Tyler McCaughn, Senate

Sam C. Mims, V., Chair of Public Health and Human Services, House of Representatives

John Read, Chair of Appropriations, House of Representatives

Parent Representative

Miranda Carter, The Mississippi Coalition for Citizens with Disabilities

Professional/Advocacy Organizations

Tanya Fitts, M.D., Pediatrician, Lafayette Pediatric Clinic

Biz Harris, Executive Director, Mississippi Early Learning Alliance

Leslie Junkin, Project Director, Mississippi Parent Training and Information Center

Denise Elaine Powell, M.D., Pediatrician, Ochsner Hancock Pediatrics in Bay St. Louis

Larry Keith Vuncannon, Chief Executive Officer, Caring Hands Rehab

Appointed Institution for Higher Learning (IHL) Advisors[1]

While advisors attended meetings, provided research assistance, and helped write the findings and recommendations included herein, advisors did not vote on final approval of this report.

Julie C. Parker, PhD, Associate Professor, Mississippi State University

Kenya Elizabeth Wolff, PhD, Associate Professor of Early Childhood Education, University of Mississippi

Penny Mansell, Director of the Center for Education Support, Mississippi University for Women

Kathryn Cassady, OTD, Assistant Professor of Occupational Therapy, University of Mississippi Medical Center

LaShundia Carson, PhD, Dean of School of Education, Alcorn State University

Candace Carter-Stevens, PhD, Assistant Professor of Mathematics, Mississippi Valley State University

William A. Brown, PhD, Assistant Professor of Elementary and Early Childhood Education, Jackson State University

Sarah Myers, M.S., CCC-SLP, Director of The Children's Center for Communication and Development, The University of Southern Mississippi

During its fifth meeting on September 26, 2023, the Task Force approved a motion to invite the Director of the Mississippi Division of Medicaid or designee to join the Task Force as an advisory member.

Pursuant to S.B. 2167, PEER staff provided clerical support to the EI Task Force and assisted in the preparation of this final report.

[1] The President of Delta State University did not select an advisor to participate in the EI Task Force.

Introduction

Authority

The Mississippi Legislature passed S.B. 2167 during its 2023 Regular Session to create the IDEA Part C Early Intervention (EI) Task Force in response to an identified need for a comprehensive and thorough review of the IDEA Part C Early Intervention program in Mississippi. The law states that the purpose of the Task Force shall be to:

In 1975, the U.S. Congress passed the Individuals with Disabilities Education Improvement Act (IDEA) to ensure that students with disabilities could obtain a Free Appropriate Public Education (FAPE).

It added Part C in 1986 to address the need to enhance the development of infants and toddlers with disabilities and minimize the potential for delays.

> *develop a recommendation to the Legislature on reforming the current early intervention system and laws in Mississippi, with a goal of increasing access to services for children from birth to age three through a robust First Steps Early Intervention Program.*

To fulfill this goal, S.B. 2167 required that the Task Force issue a report with its findings and recommendations for proposed legislation to the Legislature and recommended rule changes to the Mississippi Department of Health (MSDH) on or before December 1, 2023. The findings and recommendations in this report have been prepared by the Task Force in order to meet this requirement.

Refer to Attachment A on page 57 for a copy of S.B. 2167.

A broad range of stakeholders with experience in early intervention and early childhood development comprised the Task Force as voting members and university-appointed research advisors, including:

- educational and healthcare professionals;
- members of the Mississippi State Legislature;
- parents of infants and toddlers with experience in Mississippi's early intervention program; and,
- appointees from advocacy organizations across the state.

The diverse group of individuals appointed to the Task Force brought a wide range of perspectives and ideas in the effort to improve the early intervention system.

A complete list of Task Force membership is included on page 1.

Acknowledgments and Appreciation

There are many people the Task Force would like to acknowledge and thank for helping with this important project. First, the Chair of the Early Intervention Task Force would like to express her sincere gratitude to each and every member and advisor appointed to serve on the Task Force. She is thankful for the diverse, talented, and dedicated group of individuals strategically picked to serve on the Task Force. This group has worked many hours meeting, gathering, and reviewing information to write this final report.

The Task Force gratefully acknowledges the leadership and dedication of its Legislative members, particularly Senator Nicole Boyd, who has been a dedicated supporter of young children and their families, and without whom the Task Force would not have been created. The Task Force appreciates Legislative members taking time to listen and learn about the issues in the early intervention system and working to achieve positive changes.

A heartfelt thanks to Dr. Daniel Edney, Mississippi State Health Officer, and Kris Adcock, Senior Deputy at the Mississippi State Department of Health, for being with the Task Force every step of the way and providing the necessary data and information to write this report. Thank you for placing early intervention services at the top of your agenda. The Task Force is grateful that changes are already being made with more to come. Families, physicians, allied health professionals, and all involved in early intervention services already recognize the positive direction of the program. Dr. Edney, we look forward to working with you in the future.

The Task Force would like to acknowledge Mitchell Adcock and his team at the Center for Mississippi Health Policy for assisting in research and developing the maps displayed throughout the report. Great appreciation is also due to the early intervention providers, parents, physicians, and psychologists who took their time to provide public comment, highlighting their experiences, concerns, and hopes for the future. Also, thank you to Cody Smith, an Attorney with the Mississippi Division of Medicaid, who became an advisor of the Task Force toward the end of the project but was a valuable addition to this effort. The information that he was able to share quickly allowed the Task Force to better understand the financial issues that may occur as Mississippi strives to improve services to young children.

The Task Force is grateful to the early intervention leaders from Tennessee and Alabama for providing information about their programs. Their experiences and the changes made to improve their system have been exceedingly helpful in writing the recommendations for this report. Further, the help of OSEP staff has been invaluable

and will continue to be needed throughout the process of improving early intervention services in Mississippi.

The support that the Task Force received from the Legislative staff at the Capitol, the ASL Interpreters and staff from the Mississippi Department of Rehabilitation Services allowed the Task Force to have well-run, inclusive meetings, with a virtual option making attendance for all easier. Thank you all.

The Task Force would also like to recognize PEER staff. Ted Booth, Meri Clare Ringer, and Emily Cloys were the backbone support that the Task Force needed to ensure this report was completed. The research done, responsiveness to all of the requests, setup and planning for meetings, and the compilation of the report were all invaluable to the work of the Task Force. The Chair and the Task Force is forever grateful for the support of the PEER team.

Further, the Chair would like to thank Dr. LouAnn Woodward, Vice Chancellor at the University of Mississippi Medical Center (UMMC) for appointing her to the Task Force and allowing her to serve in such an important capacity. She would also like to thank Kristy Simms and Anna Moak at UMMC for the support and contribution to this important work.

Finally, most of all, the Chair would like to thank the Task Force for its amazing work and confidence in her to serve as the Chair.

Overview of IDEA Part C

IDEA Part C authorizes each state to implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services to infants and toddlers with disabilities and their families. Children under the age of three who demonstrate a developmental delay or have been diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay are eligible to receive Part C services. These services can include but are not limited to:

- evaluation and assessment;
- family training;
- special instruction;
- counseling and home visits;
- speech-language pathology;
- occupational therapy;

While Part C of IDEA provides services to infants and toddlers from birth to the age of three years, IDEA Part B, managed by the Department of Education in each state, provides services for school-aged children with developmental disabilities from age three through 21 years of age. The responsibility lies on the IDEA Part C program in each state to ensure a smooth transition to Part B services, if a child continues to qualify for services.

- physical therapy;
- assistive technology;
- mental health services;
- behavioral services; and,
- service coordination.

Definition of Developmental Delay under IDEA Part C

Attachment B on page 63 provides a list of categories developed by the Infant and Toddler Coordinators Association (ITCA) to demonstrate how different states construct their definitions of "developmental delay."

Pursuant to federal guidelines, each state has the right to determine its own definition of "developmental delay" as it relates to a child's level of functioning in the areas of physical, cognitive, communication, social-emotional, and adaptive development. States determine the percentage of delay that will be used to establish eligibility and can also establish the list of physical or mental conditions that may result in developmental delay and thus become an automatic qualifier for admission into the early intervention program. For example, a chromosomal abnormality, such as Down Syndrome, known to cause developmental delays, is an automatic qualifier for services in many states. There is also broad variation in eligibility requirements. Some examples of strict and limited guidelines include the state of Alaska and District of Columbia, which stipulate that children must demonstrate a 50% delay in one or more of the five areas of development. Other states have less restrictive eligibility criteria, such as a 25% delay in one or more areas of development or a 1.5 standard deviation below the mean. As further discussed in this report, Mississippi's infants and toddlers are eligible for early intervention services if they exhibit a 33% delay in any one developmental domain or a 25% delay in two or more developmental domains. Children are also automatically eligible if they receive a diagnosis for one of the program's qualifying conditions such as cerebral palsy, fetal alcohol syndrome, and microcephaly.

IDEA Part C also gives states the option of adding an additional eligibility category for infants and toddlers "at risk" for developmental delay because of biological or environmental factors (e.g., maternal drug or alcohol use during pregnancy), low birth weight, respiratory distress as a newborn, history of abuse or neglect). Further, the state may choose to extend eligibility to children between

the age of three and the age of school eligibility who are at risk of developmental delay or have a disability.

Child Find System Requirements

In order to ensure the identification of all children eligible for services, IDEA Part C requires states to implement a comprehensive child find system. The child find system must include procedures for:

- making timely referrals;
- ensuring that all eligible infants and toddlers are identified and evaluated; and,
- coordinating with other state agencies and programs, including, among others, Maternal and Child Health, Child Protection Services, and Head Start.

As part of its child identification process, states must institute a public awareness program that targets organizations and individuals associated with young children through methods such as website postings, posters, pamphlets, displays, and advertisements.

Each state must also keep a centrally accessible directory with information related to early intervention services, resources, and research.

Lead Agency Appointment and Responsibility

The Governor of each state is responsible for selecting a lead agency to administer and oversee the early intervention program. The lead agency is responsible for program supervision, monitoring, collaboration with other agencies, and the coordination of financial resources. Additionally, the lead agency is required to submit an annual report to the U.S. Department of Education (DOE) documenting the state's performance on several indicators, including but not limited to the timeliness of service provision, early childhood outcomes, and the number of children served. The U.S. DOE reviews the performance reports every year and assigns each state a determination status based on its level of compliance with federal regulations.

The State Interagency Coordinating Council (SICC) and the Comprehensive System of Personnel Development (CSPD)

The state must establish entities responsible for interagency coordination and personnel development to assist with the implementation of the early intervention program. The SICC is a council appointed by the Governor and comprised of parents, service providers, state legislators, and representatives from various agencies, including the state Medicaid agency, Head Start, and child welfare,

among others. The council advises and assists the lead agency in the performance of its responsibilities, particularly in the identification of the sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of interagency agreements.

The CSPD is a training system responsible for the training of paraprofessionals and primary referral sources regarding the early intervention services available in the state. Some of the chief components of the CSPD include recruiting and retaining service providers, promoting the preparation of qualified providers, and training personnel about the process for transitioning children from the Part C program to the Part B program.

IDEA Part C Funding

The U.S. DOE's Office of Special Education Programs (OSEP) oversees the disbursement of IDEA Part C federal funds. The U.S. DOE allocates funds to the states' lead agencies through a formula grant system based on the birth to three population in each state according to U.S. Census Bureau records. The federal grant money may be used to supplement early intervention program funding but cannot be used to supplant the amount of state and local funds expended for the program. As the recipient of IDEA Part C federal funds, MSDH is required to maintain a certain level of state funding to be eligible for full participation in the Part C program. As a result, MSDH is required to demonstrate that the level of state funding for the program remains consistent from year to year. Subsequently, increases in state funding to the early intervention program will increase the state's Maintenance of Effort (MOE) requirement.

The amount of state and local funds budgeted for the early intervention program must be at least equal to the amount of funds expended the previous year unless the number of children eligible for services decreases or the state utilized an unusually large number of expenditures the previous year. According to a state survey conducted by ITCA in calendar year 2023:

- 64% of states rely primarily on state funds to support the early intervention program;
- 28% of states rely primarily on federal funds;
- 6% of states rely primarily on local funds; and,
- 2% of states rely primarily on Medicaid.

Mississippi relies primarily on federal funds to support the First Steps program.

The Importance of Early Intervention

According to the Early Childhood Technical Assistance Center (ECTA), early intervention is a valuable investment for children, families, each state, and the nation. Early Intervention programs:

- **Reduce the need for special education**: The National Early Intervention Longitudinal Study (NEILS) Special Education and Part C Programs tracked children with a developmental delay and determined that 46% did not need special education by the time they reached kindergarten as a result of early intervention services.
- **Provide positive results for children**: ECTA stated that children who participate in high-quality early intervention and early childhood development programs tend to have less need for special education and other remedial work, greater language abilities, improved nutrition and health, and experienced less child abuse and neglect.
- **Work with brain development**: Neural circuits create the foundation for learning, behavior, and health. These circuits are most flexible from birth to three years of age. High-quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities. Intervention is likely to be more effective and less costly when it is provided early in life rather than later.
- **Can increase the rate of return on investment**: The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. The earlier the investment, the greater the return.

Methods and Procedures of the Task Force

The Task Force held eight meetings from June through December 2023, at the Mississippi State Capitol. Members and advisors could elect to attend meetings either in person at the Capitol or virtually through Zoom. All meetings were open to the public and broadcasted through the Mississippi Senate's YouTube channel. An archive of all meetings can be found online at: https://www.youtube.com/@MississippiLegislature/featured.

S.B. 2167 required the Task Force to review and evaluate many aspects of the early intervention program, such as the infrastructure, billing and reimbursement procedures, service satisfaction, and service delivery models in surrounding states, in order to:

- support serving more children within Mississippi's early intervention system;
- ensure a timely receipt of payments to service providers;
- reduce barriers to implementation; and,
- ensure all early intervention service providers meet competencies for serving infants and toddlers.

In order to complete its review and evaluation, the Task Force, with assistance from PEER staff:

- created an early intervention email address to receive public comments from parents, guardians, service providers, MSDH staff, childcare providers, and others with experience in Mississippi's early intervention system and First Steps program;
- received testimony from its members, advisors, and other stakeholders regarding concerns, suggestions, strengths, weaknesses, and opportunities with early intervention;
- researched and reviewed early intervention services in all 50 states, including but not limited to infrastructure, funding, eligibility criteria, and number and percentage of children served by the early intervention program;

PEER staff compiled additional information for nine selected states that either: achieve higher performance than Mississippi, implement a decentralized model of service, or resemble Mississippi's demographics. Refer to Attachment C on page 64 for a list of the nine states.

- interviewed OSEP staff regarding federal regulations and requirements;
- received responses and heard from staff of the early intervention program in the states of Alabama and Tennessee regarding additional questions about how their program operates;
- reviewed the following:
    - federally mandated reports and data, including the state's performance plan and annual performance reports;
    - data provided by MSDH, including but not limited to program participation, staffing, and expenditures;
    - appropriations from the Mississippi Legislature; and,
    - applicable state and federal laws; and,

- compiled and ranked 25 key early intervention improvement areas from most important to least important.

Further, many members of the Task Force have been involved in other organizations and efforts to work towards improving the early childhood development, behavioral, and education system of care in Mississippi. Therefore, the Task Force worked to complete its responsibilities by building on and aligning with related early child development, education, and behavioral work in the state. This included utilizing work from the following organizations and working groups:

- **Mississippi's Comprehensive System of Personnel Development (CSPD) Team for Early Intervention:** This team assisted with revising the Early Intervention Personnel Standards, developing a pre-service Early Intervention training program, and revising professional development and training opportunities.
- **Mississippi Thrive! Child Health Development Project (Mississippi Thrive!)**: This organization is tasked with ensuring the implementation of a comprehensive, high-quality early childhood development and behavioral health system that fully engages families, providers, and community-based service professional as partners.
- **Mississippi State's Social Science Research Center (SSRC)**: This is a center which has conducted research on early intervention services to assist in policy and system changes.
- **The Mississippi State Interagency Coordinating Council (MS SICC)**: This is an advisory council appointed by the Governor to advise and assist MSDH in implementing the requirements of IDEA Part C.
- **The Mississippi State Early Childhood Advisory Council (SECAC):** This is an advisory council that supports a coordinated system of quality care and education with comprehensive supports to enable school success and lifelong learning. The council advises on issues pertaining to early childhood education and care for Mississippi's children from birth to school entry.

Attachment D on page 66 provides a list and summary of Task Force meetings.

Overview and Forward Movement of Early Intervention in Mississippi

Overview of the Current Early Intervention Program in Mississippi

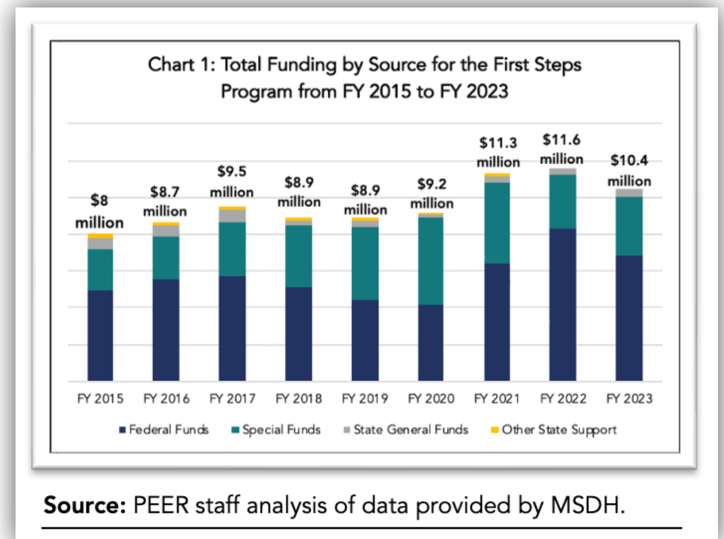
The Mississippi State Department of Health (MSDH) is the lead agency responsible for overseeing the Mississippi First Steps Early Intervention Program (henceforth referred to as First Steps), which is the statewide IDEA Part C early intervention program providing services to infants and toddlers, birth to three years of age, across the state. As of August 2023, there were 76 MSDH staff responsible for the administration and service coordination of the First Steps program (refer to page 37 for further discussion).

The Mississippi State Interagency Coordinating Council (MSICC) is an advisory council appointed by the Governor that advises and assists in MSDH in implementing the requirement of IDEA Part C.

In FY 2023, MSDH received $10.4 million in state and federal funds to administer the First Steps program, including approximately:

- $3.6 million appropriated by the Legislature ($400,000 in general funds and $3.2 million in special funds, e.g., transfer of funds from MDE); and,
- $6.9 million in federal grant funds.

Chart 1 on page 12 provides total funding for the First Steps program by funding source from FY 2015 to FY 2023. As shown in the chart, the majority of funds in each year are from federal grant funds. During the COVID-19 pandemic, MSDH utilized federal relief funding to expand the program's budget from FY 2021 to FY 2022. The influx in funding provided for a 20% increase in service provider rates and for the incentivization of services provided in the natural environment. In FY 2024, the Legislature approved a $2 million dollar increase in state special funds for increase reimbursements to early intervention service providers.

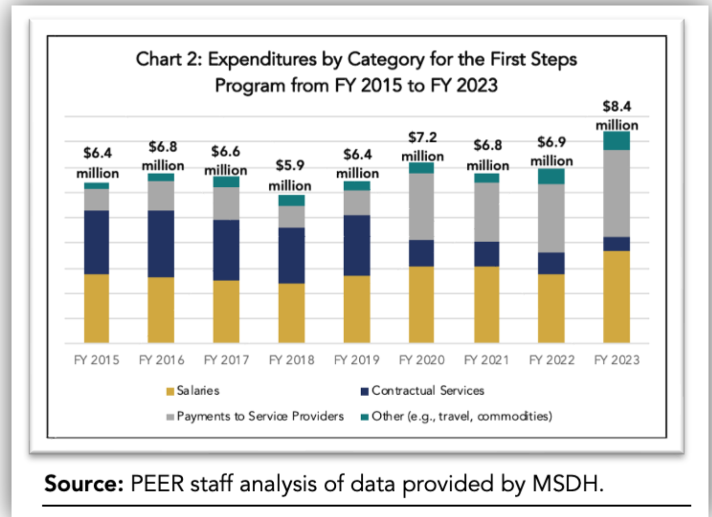


Source: PEER staff analysis of data provided by MSDH.

Additionally, during FY 2023, MSDH expended $8.4 million on the First Steps program, including approximately:

- $3.7 million in salaries for MSDH staff (i.e., MSDH program administration and service coordinators);
- $3.4 million in payments to service providers;
- $739,697 for other expenses (e.g., travel, commodities); and,
- $556,912 for contractual services.

Chart 2 on page 13 provides an overview of MSDH's expenditures from FY 2015 to FY 2023. As shown in Chart 2, a majority of MSDH's expenditures for the First Steps program are for salaries and payments to service providers. In addition, as shown in Chart 2, payments to service providers have increased from FY 2015 to FY 2023. This is due in part to the provider rate increase MSDH implemented in FY 2024.



Source: PEER staff analysis of data provided by MSDH.

As reported by the Mississippi THRIVE! Child Health Development Project (Mississippi THRIVE!), Mississippi is considered a low-resource, high-need state for child development and well-being. This poses a challenge for children, especially children with, or at risk of having, developmental delays and stresses the importance of access to timely and high-quality early intervention services, which can contribute to improving life skills and enhancing children's long-term life and health outcomes.

Parents, service providers, childcare owners, and MSDH staff reported to the Task Force that when the First Steps program is operating efficiently (e.g., ensuring children are referred to services as soon as possible and ensuring effective communication with families and service providers), it has demonstrated the capacity to enhance children's development and offer much-needed support to families.[2] Individuals who have had a positive experience with Mississippi's program expressed appreciation for First Steps and the benefits it brings to infants and toddlers and their families. For example, one mother stated that the program has given her the ability to connect with her child and make tremendous progress

[2] The Task Force had a public comment period from June 20, 2023, to August 7, 2023, to allow individuals with experience with Mississippi's early intervention to report any issues, concerns, or positive feedback to help the Task Force with report recommendations.

in the home, where she has often felt limited and struggled to provide the care her child needed.

As further discussed in this report, Mississippi's early intervention program operates under a centralized referral model. As a result, MSDH directly oversees the referral process and service coordination of the First Steps program.

However, there is concern that the program is frequently inefficient (e.g., miscommunication between MSDH staff and service providers, untimely reimbursement to service providers, lengthy time from referral to evaluation to receiving services), causing a reduction in the quality of services provided and the number of children being served.

The state's annual performance reports provided to the federal government and stakeholder testimony reveal deficiencies including but not limited to the:

- timeliness of service provision;
- coordination with different agencies and service providers; and,
- recruitment of well-trained personnel.

These and other deficiencies resulted in a poor compliance rating from the U.S. DOE in June 2023. Based on the state's FY 2023 performance report for reporting on federal fiscal year (FFY) 2021, the U.S. DOE assigned Mississippi a determination status of "needs intervention," making Mississippi one of only two states to score within that tier of the compliance scale.

Furthermore, the program's report indicates that Mississippi serves only 1.52% (1,592) of the state's birth to three population, which ranks the program 49th in the nation.[3] Enrollment in Mississippi's program is very low compared to other states and the national average. This is concerning considering the number of Mississippi children living in poverty and other demographic characteristics (e.g., low-income families) that increase the likelihood of delays. According to the 2023 Kids Count Factbook, in 2021:

The national average of children receiving services through IDEA Part C is 3.88%.

- 28% of children in Mississippi (189,000 children) live in poverty;
- 35% of children in Mississippi (241,000 children) have parents who lack secure employment; and,

[3] The percentage of children served included in the state's annual performance report is based on a single-day count in 2021 and does not reflect the cumulative count of children served for the entire year. The cumulative count of children served in FFY 2021 was 3,485.

- 30% of children in Mississippi (194,000 children) live in a high poverty area.

In a brief published by the Center for Mississippi Health Policy, an estimated 13% of Mississippi's birth to three population have developmental delays that make them potentially eligible for IDEA Part C services.[4] Analyses of a nationally representative sample of children born in 2001 showed that as early as nine months of age, statistically significant developmental disparities are identified for children based on four demographic characteristics:

- low income;
- racial/ethnic minority status;
- non-English home language; and,
- low maternal education.

The Task Force recognizes that the 13% estimate is much higher than the national average of 3.88% of children served and would require the First Steps program to enroll over eight times the number of children currently served. Therefore, the Task Force believes that it should be the goal of the state and MSDH to move closer towards the national average. However, this increase is not attainable with the amount of present resources and funding provided to the program and other operational issues that exist within the program.

In order to ensure that all young Mississippians in need of developmental and behavioral services have access to the appropriate services, the Task Force recommends several systemic improvements to the First Steps program, including increased program funding, and enhanced interagency collaboration. The Task Force particularly desires to express the following:

> *The opinion of the Task Force is that additional funding alone will not ameliorate the present level of difficulties the early intervention program is experiencing. However, increased funding is necessary in order to make the improvements needed.*

Forward Movement of Early Intervention Services

Throughout its work the Task Force expressed the importance of using past experiences, concerns, and issues with the early intervention program in

[4] The estimate is based on a methodology from a national pediatric study conducted by the University of Colorado in 2008, which used a nationally representative sample to estimate (1) rates of developmental delays that make children eligible for IDEA Part C, (2) rates of enrollment in early intervention services by these children, and (3) the relationship of developmental status, race, poverty, and insurance status to receipt of services for developmental problems.

Mississippi to move forward and improve all aspects of the program. Since at least 2019, the First Steps program has operated with:

During the August 14, 2023, Task Force meeting, Dr. Daniel Edney, Mississippi's State Health Officer emphasized his desire for program excellence and quickly and effectively improving the First Steps program. He recognized that the program had not been managed properly in the past, but he and his staff are already working to make changes and move the program forward.

- limited MSDH staff (e.g., service coordinators) to manage early intervention service provision and coordinate with families and service providers;
- a lack of service providers to ensure all areas of the state are covered, especially in the more rural counties (e.g., Attala, Clarke, Holmes);
- outdated policies and processes (e.g., referral and evaluation processes) that cause delays in services;
- limited funding and resources to operate the program;
- inconsistent, inefficient, and limited billing and reimbursement processes due to MSDH acting as the payor of last resort (POLR) as required by federal regulations;
- pediatric provider distrust of the program's ability to serve patients expeditiously;
- a lack of education and resource information about the program provided to parents, providers, and the public to ensure children and families eligible for services are aware of First Steps and the available resources; and,
- inconsistent communication throughout the program and coordination with other agencies (e.g., Mississippi Division of Medicaid, Mississippi Department of Education) and other healthcare providers including the child's pediatrician.

In FFY 2021, Mississippi's First Steps program served 1.52% of the eligible population.

This has resulted in Mississippi serving a low percentage of the eligible infant and toddler population in the First Steps program. However, as reported to the U.S. DOE, in the fall of 2020, Mississippi served 6,938 (6.2% of the eligible population) children ages three through five under IDEA Part B-619, which are special education services offered to school aged children. As reported by Mississippi Thrive!, expanding early intervention services can reduce future costs for special education. For example,

it reported that if 6.8% of Mississippi infants and toddlers received IDEA Part C services in a given year Mississippi would save approximately $3.5 million in special education costs in one year. As a result, five years of avoided special education costs would save approximately $17.6 million. It is important to note that these savings are just those associated with avoided special education services; they do not include additional long-term savings.

As reported by Mississippi Thrive!, calculations by Manatt Health (2021) estimate that, on average, 18% of children receiving early intervention services who would have needed special education no longer require those services.

The Task Force determined that its overall goal in making its recommendations to the Legislature and MSDH is to help improve early intervention services provided in Mississippi, which will ultimately increase the overall quality of services received and the number of children and families served by the First Steps program. The Task Force recognizes that the early intervention system cannot be fixed overnight and that it will take time, collaboration, and additional resources to ensure program improvement and success. The Task Force believes improvement can be accomplished by:

- changing the structure and service delivery model of the First Steps program, including addressing billing and reimbursement issues;
- determining ways to increase funding for the program and showing how additional funding can be used to efficiently and effectively operate the program;
- continuing to address internal issues within the current administration and operation of the program, including the training of service providers and MSDH staff;
- updating policies and procedures to improve important aspects of the program, such as the referral process and eligibility criteria; and,
- improving outreach, education, community awareness, and communication within the program and among relevant state agencies and oversight committees.

While the Task Force recognizes the importance of changing the structure and service delivery model of the program, it believes more time is needed to research, develop, and plan for a new model. However, there are areas of concern that should be addressed by MSDH and the Legislature as soon as possible and prior to and during the implementation of a new model.

The findings and recommendations section begins on page 19, and is grouped into the following categories:

- restructuring the First Steps program and service delivery model;
- additional funding and resources needed to support early intervention services; and,
- improvement of MSDH's policies, procedures, and processes.

According to the Prenatal-to-3 Policy Impact Center, the evidence base does not identify a specific policy lever that states should adopt and fully implement to effectively provide early intervention services to all of the children who need the services. While making recommendations for important policy levers, the Center acknowledges that each state is unique, and it is the responsibility of the state to determine the best way to provide services and ensure eligible children are provided effective and efficient services.

Findings and Recommendations

Restructuring the First Steps Program and Service Delivery Model

Finding #1: MSDH needs to create a plan to implement a different infrastructure and model for delivering early intervention services.

Mississippi's early intervention program currently operates under a centralized model, which allows MSDH, as the lead agency, to directly oversee the referral process and service coordination. MSDH administers the referral process through its central office in Jackson, Mississippi, and oversees service coordination at the regional and local levels to facilitate a closer connection between families, service providers, and service coordinators. However, MSDH and the Task Force have determined that the current structure has not succeeded in establishing sufficient collaboration and communication among the various parties involved in the program. To date, the program faces issues related to high caseloads for service coordinators, administrative burdens, a shortage of service providers, and a lack of support for parents.

Background

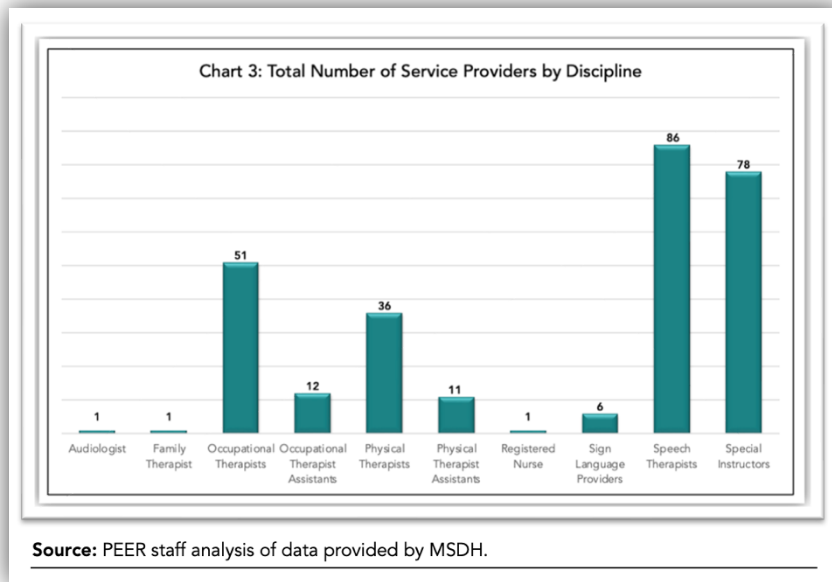
Mississippi's 82 counties are organized into three public health regions (i.e., Central, North, and South), each of which operates three Local Early Intervention Programs (LEIP), for a total of nine LEIPs across the state.

Attachment E on page 69 provides a map of MSDH's LEIPs.

Attachment F on page 70 provides a list the three main types of service delivery models used by states (i.e., centralized, semi-centralized, and decentralized). As shown in the attachment, states use a variation of these three models to provide early intervention services.

The First Steps program currently operates under a centralized service delivery model. Under this structure, MSDH, as the IDEA Part C lead agency, directly oversees the referral process and service coordination (i.e., case management). MSDH's Central Office located in Jackson, Mississippi, serves as the single point of entry into the early intervention program by receiving all program referrals submitted across the state. Once the referrals have been processed, intake staff at the Central Office sends the referral information to one of the nine LEIPs, which administer the program at the regional and local levels. The LEIP then assigns a service coordinator employed by MSDH. The service coordinator serves as the case manager for the child and family and arranges all evaluation, assessment, and therapy services outlined in the child's Individualized

Family Service Plan (IFSP). As of August 2023, MSDH contracts with approximately 283 service providers across the state to provide developmental services (e.g., speech therapy, physical therapy, occupational therapy). Chart 3 on page 20, provides the total number of service providers by discipline. As shown in the chart, there is currently only one audiologist, one family therapist, and one registered nurse providing services through the First Steps program. These three individuals provide services in several counties in the state, but as provided in Attachment H on page 73, many counties in the state have a limited number of service providers.



Source: PEER staff analysis of data provided by MSDH.

Attachment G on page 72 provides a map of the number of early intervention providers in each county across the state. Further, Attachment H on page 73 provides maps displaying the number of service providers contracted with the First Steps Program by county and discipline.

Concerns with the Current Service Delivery Model

The current model does not allow for an effective team approach to developing and successfully implementing IFSPs for children in the program. It is difficult for a child's early intervention team to communicate and share regarding a child's progress in the program.

MSDH administration, staff, service providers, and parents have identified concerns with the lack of communication and collaboration that the current system fosters. Program stakeholders have acknowledged that there are disconnects between Central Office administration and the local programs, as well as between the local service coordinators and contracted service providers. For example, individuals reported that information is often disseminated sporadically through MSDH administration to service coordinators and then to service providers, with the information often being re-interpreted in many different ways.

Individuals reported the following issues with the current structure of the First Steps program:

- difficult for services to be provided in the child's natural environment (e.g., community, home, or normative environment for the child), which is considered optimal under federal law;
- high caseloads for service coordinators and service providers, including administrative burden (e.g., significant amount of time required to complete records of service provision);

Some service coordinators can have 50 cases at a time.

- causes service providers and/or families to drive over an hour to provide and/or receive services due to Mississippi being a rural and geographically large state;
- allows service providers to utilize different evaluation methods/scoring and does not support standardization or treatment fidelity; and,
- limits training provided to service coordinators and service providers.

Forward Movement

The Task Force considered other options for housing the early intervention program, including the Mississippi Department of Education and the possibility of creating a separate agency. However, at this time, the Task Force believes that MSDH, as the lead agency, can make the necessary changes needed to improve the program.

A less centralized structure that delegates some of the lead agency's responsibilities to regional point of entry offices could alleviate problems with coordination and collaboration. Several other states, including West Virginia, Louisiana, and North Carolina, have established point of entry offices that process the referrals in their region and offer interim or ongoing service coordination. Depending on the state, these regional offices can include local lead agency offices, local school districts, county health departments, and non-profit organizations. The Task Force believes that Mississippi should consider implementing a similar regional hub/hybrid system that partners with universities and other contracted entities across the state to serve as point of entry offices. A decentralized method embedded more in each region may result in a better employment system, create standardization among service providers, increase regional access, increase the number of services provided in the natural environment, and improve the billing/payment process. Further, university

participation in a hub/hybrid model would allow for the training of students, who could eventually be recruited as service providers for the program.

Implementation of a new model will take time and will require effective planning to ensure that the best model for Mississippi is implemented. MSDH, with the assistance and expertise of the Task Force, OSEP staff, and other available technical assistance, will need to plan to implement a new model, including but not limited to determining:

- location of service areas, districts, and potential service deserts;
- levels of staffing and qualifications for service providers;
- responsibilities and duties of service coordinators;
- how to ensure there are enough service providers in every district and/or service area;
- how to improve coordination and communication between service providers, service coordinators, and referral entities, including physicians and nurse practitioners;
- the role of the lead agency;
- billing procedures to improve the reimbursement process and help with service provider recruitment (further discussed beginning on page 23);
- whether or not the new model should be implemented on a phased-in approach and if so, how long implementation could take; and,
- other operational procedures that would be impacted by the development of a new model.

As reported in March 2023, Mississippi will receive a $30 million grant over three years to improve access to high-quality early care and education programs. MSDH could request technical assistance through this grant funding to assist in implementing a new early intervention structure and service delivery model.

Additionally, the national organization, Zero to Three, awarded the Mississippi Early Learning Alliance and the Mississippi Childhood Coalition Forum for the Future a technical assistance grant to support system-level change for infants and toddlers.

While implementing a new or amended service delivery model will help to alleviate some of the issues caused by the centralized structure, the Task Force believes there are changes that MSDH can implement to improve the First Steps program prior to changing its model. These changes are discussed beginning on page 32.

Recommended Action(s)

Legislative Recommendation(s)

1. The Legislature should consider adopting legislation to:
    a. require MSDH to develop a plan for implementing a new service delivery model (e.g., hub/hybrid model with possible university participation), including a new billing and reimbursement system, with the plan being due to the Legislature on or before December 1, 2024; and,
    b. extend the Early Intervention Task Force to serve in an advisory capacity to assist MSDH in implementing a new model, including adding representatives from the Mississippi Division of Medicaid and the Mississippi Department of Education, and also adding the Executive Director of the Center for Mississippi Health Policy as a consultant to the Task Force.

Refer to Attachment I on page 75 for a copy of the draft Legislation proposed by the Task Force.

MSDH Recommendation

2. MSDH should plan to implement a new service delivery model by utilizing the expertise of the Task Force, OSEP staff, and other available technical assistance.

Finding #2: MSDH needs to implement a new billing system to ensure service providers are reimbursed for services in a timely manner.

The current billing system utilized by the First Steps program complicates the process for service providers to obtain proper reimbursement for services provided through the early intervention program. This causes delays in payments, adds administrative burden, and results in service providers choosing not to contract with MSDH to provide early intervention services. Thus, even when qualified service providers are in the area, they choose not to be early intervention providers due to the cumbersome and inefficient method presently used. MSDH should research and develop a new billing model to reduce the issues with billing and reimbursement and increase the enrollment of qualified professionals in the program.

Background

In order to be reimbursed for services provided through Mississippi's early intervention program, individual service providers or agencies must maintain a Service Provider Agreement with MSDH and the First Steps program and enter

documentation of services delivered for all infants and toddlers, including notes of the goals addressed and activities conducted into MSDH's early intervention data system no later than 45 days after the date of service.

As required by OSEP, MSDH serves as the payor of last resort (POLR). This means that providers must first bill all third-party payors (i.e., private insurance and Medicaid) prior to requesting reimbursement from MSDH. If a private or public payor source denies payment for early intervention services, the provider must submit documentation of the denial from the third-party payor (i.e., Explanation of Benefits (EOB) or Explanation of Payment (EOP)) to one of the three early intervention regional offices within 30 days of the receipt of the EOB/EOP, but no more than 90 days from the date of service. The regional office will process and enter the adjustment into the data system for these services. These steps must be completed before MSDH will reimburse service providers and/or agencies for services.

Many service providers reported that they enjoy providing early intervention services and feel that it is rewarding to help Mississippi's infants and toddlers succeed. However, the stress of not knowing if or when they will be paid for services makes the decision to continue providing services difficult.

Concerns with the Billing System

MSDH administration, staff, and service providers identified issues with the current billing model used for the early intervention program. It is often difficult for a new independent service provider to obtain a Medicaid provider number. Additionally, the process of billing multiple entities and obtaining proof of denied claims is tedious, time intensive, requires knowledge in the area of billing and collections, and can result in lengthy periods without receiving payment for services rendered. For example, one agency contracting with MSDH to provide early intervention services for many years decided not to renew its contract due to billing and reimbursement procedures. According to the agency, the owner would ensure therapists were paid through agency funding, but the agency would not be reimbursed by MSDH for months and sometimes even up to a year. Further, service providers are not compensated for the amount of time it takes to prepare, gather materials, and enter notes into the data system for reimbursement, which can also cause service providers to withdraw from the program.

The Mississippi State Early Childhood Advisory Council (SECAC) reported that another concern of the billing and reimbursement process is the fact that services provided in the natural environment, which are preferential under the IDEA Part C

Refer to discussion on page 46 regarding the importance of providing services in the natural environment.

statute, are often not reimbursable from some insurance companies. Failure to provide services in the natural environment compromises the best practice models in early intervention.

The present disadvantages of the First Steps service delivery and billing models hinder the efficient treatment of children, places administrative burden on enrolled providers, and deters other providers from enrolling in the program.

Forward Movement

Mississippi's State Health Officer, Dr. Daniel Edney, informed the Task Force on August 14, 2023, that his goal was to ensure that the billing and reimbursement procedures were improved to guarantee qualified service providers continued to contract with the First Steps program. He recommended that a possible alternative to the current billing system could be the implementation of a pay and chase model. A pay and chase model for reimbursement of early intervention services moves many of the functions of the billing and reimbursement of services to the lead agency. In this type of model, the lead agency enrolls providers and reimburses them for services directly (pay). The lead agency then bills the appropriate payor source (i.e., public or private insurance) to gain reimbursement, as applicable (chase). The pay and chase model does require that the lead agency have the necessary funds set aside in order to reimburse service providers. Thus, the successful implementation of this model will require MSDH to determine how much funding is needed to implement this payment system and ensure it has the funds to provide the reimbursements.

To estimate the amount of startup funds necessary to implement the pay and chase model, MSDH will need to determine the sum of money paid out by private insurance, Medicaid, and MSDH POLR funds for children enrolled in the First Steps program. The Task Force compiled the following information that could help MSDH and the Legislature determine how much funding may be needed to implement this billing and reimbursement model:

- **MSDH**: In FY 2023, MSDH paid service providers approximately $2.9 million for providing services through the First Steps program.
- **Private Insurance Example**: From September 2022 to August 2023, Blue Cross and Blue Shield (BCBS) of Mississippi paid $360,000 for early intervention services for individuals under the Mississippi State and School Employees' Life and Health Insurance Plan.

- **Medicaid**: In FY 2023, Medicaid paid $18.7 million for early intervention services.

The amounts provided by Medicaid and BCBS likely include claims for early intervention services for both children who are and are not enrolled in the First Steps program. However, since the central bank would be self-replenishing, MSDH would not require a precise estimate to begin implementing the pay and chase model.

Task Force members testified that many children in need of early intervention services are directly referred to providers outside of the early intervention program due to the distrust that many pediatric medical providers have in the ability for their patients to receive adequate services through First Steps.

Seven states have a true pay and chase model known as a centralized billing model, including Connecticut, Indiana, Louisiana, Missouri, New Jersey, and West Virginia. Of these states, all but West Virginia are primarily state funded. There are additional states that have some, but not all components of a pay and chase model.

The Task Force notes that if the pay and chase model is not implemented in Mississippi, MSDH will need to have alternatives in place to ensure that the billing and reimbursement system is improved. According to MSDH, it plans to implement a quality improvement project related to its processes for POLR funding.

The Task Force believes that a new billing model, such as the pay and chase, is needed to ensure that service providers no longer have to deal with the burden of waiting to receive payments for services rendered due to the POLR requirement. Further, the Task Force recognizes that changes to the service delivery model will also assist in improving billing and reimbursement for the program. For example, if MSDH begins contracting with other entities, such as universities, to provide early intervention services, these entities would be responsible for ensuring service providers employed by the contracting entities are paid in a timely manner.

Recommended Action(s)

Legislative Recommendation(s)

1. The Legislature should consider adopting legislation to:

    a. require MSDH to develop a plan for implementing a new billing and reimbursement system, such as the pay and chase model, with the plan being due to the Legislature on or before December 1, 2024; and,

b. ensure services provided in the natural environment are reimbursable.

MSDH Recommendation

2. If MSDH selects to move forward with the pay and chase model, it should work with the Mississippi Division of Medicaid to determine the total amount of funding needed to establish a "bank" for reimbursing service providers on the front end. MSDH should include other possible billing and reimbursement systems in case the pay and chase model is not sustainable in Mississippi.

An important part of MSDH's plan will be to ensure that it improves the amount of time in which it takes service providers to obtain reimbursement.

Additional Funding and Resources Needed to Support Early Intervention Services

Finding #3: In order to ensure program improvement, additional funding and resources are needed to support the First Steps program.

The First Steps program is unable to support program improvement and expansion with its current level of funding. In order to increase the current number of children being served by the program (1.52%) to the national average of 3.88%, the program needs an estimated total budget (i.e., state and federal funds) of $29.5 million, which could be appropriated on a phased-in basis over the next several years. To demonstrate the program's financial needs and determine the additional amount of funding needed each year to support early intervention, MSDH should develop a financial plan with program cost projections for approval by the Legislature.

Background

The First Steps program is currently funded through a combination of federal and state dollars. The federal funds come from the annual IDEA Part C grant awarded to each state through the U.S. DOE based on the number of children in the state's birth to three population. The grant money becomes available on July 1 of the fiscal year in which it is appropriated and remains available through September 30 of the following year. The U.S. DOE allocated $4.4 million in Part C funds to the state of Mississippi in FY 2022 and approximately $4.7 million allocated for FY 2023.

Federal funds must be used solely for the purpose of funding the early intervention program and cannot be used to replace the level of state and local funds expended for the program. The amount of state and local funds budgeted for the early intervention program must be at least equal to the amount of funds

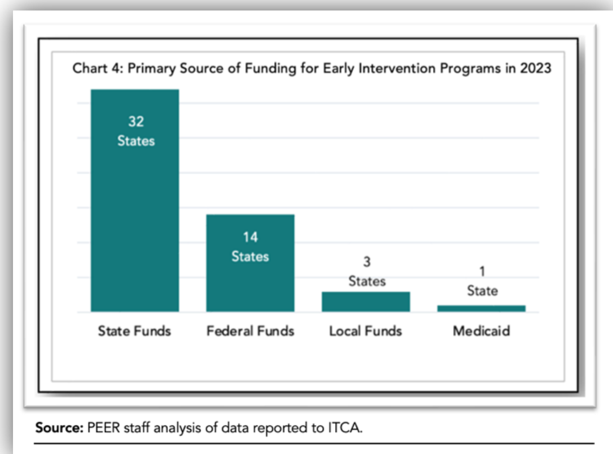
expended the previous year unless there is a decrease in children eligible for early intervention services or the state utilized an unusually large number of expenditures the previous year.

Salaries for First Steps staff (e.g., service coordinators) and payments to service providers accounted for 78% of the early intervention program's expenses in FY 2023.

Mississippi's state appropriation for the First Steps program comes from a combination of general and special funds. In FY 2023, the state allocated $400,000 in general funds and $3.2 million in special funds to the First Steps program. First Steps expended $8.4 million in FY 2023, with a total budget of $10.4 million.

Concerns with the Current Level of Funding for the Program

Mississippi allocates far less in state dollars to the early intervention program than many other states. While a majority (64%) of states (e.g., Alabama, Louisiana, Tennessee) rely primarily on state funding to support early intervention services, Mississippi relies primarily on federal funds to support the program. Refer to Chart 4 on page 28 for the primary source of funding for state early intervention programs reported in 2023.



Source: PEER staff analysis of data reported to ITCA.

In FY 2023, Mississippi budgeted $3.6 million in state funds for the early intervention program, which equaled to 34% of the program's total budget. Other states, however, appropriated a significantly higher percentage of state funds. New Hampshire, for example, appropriated $7 million in general funds in FY 2023 for its early intervention program, which totaled to 63% of the program's budget. Tennessee, similarly, appropriated $61.4 million in state dollars for FY 2023, or 58% of the total program budget. Alabama, likewise, appropriated $14.7 million in state dollars for FY 2024, which equaled to 46% of its budget request.

MSDH administration and Task Force members have expressed concern that the current level of funding for the First Steps program is insufficient to sustain competitive provider rates in the future and sustain program growth. Since research shows that investing in young children yields the highest ROI, the state

runs the risk of underfunding a program with the highest probability of creating long-term positive effects.

Research conducted by Nobel Prize-winning economist James Heckman has shown that the highest return on investment (ROI) occurs in the earliest years of life. According to Heckman and his colleagues' research, investing in young children from birth to the age of five can yield a 7% to 13% ROI. Intervening early in a child's life can reduce subsequent special education and medical costs and can improve a variety of life outcomes in education, health, social behaviors, and employment.

Forward Movement

In the MSDH's FY 2024 budget request, the Department requested and received a $2 million dollar increase to the program's budget to provide a 20% increase in provider rates. MSDH representatives and service providers have expressed sincere appreciation for this increase, but they also want to ensure that the program can continue to offer competitive rates and support program improvements, including but not limited to:

According to MSDH, due to the increase of $2 million dollars in state funding, it will need the state to maintain at least that level of funding to support the MOE.

- support the development and infrastructure of centralized billing processes (e.g., pay and chase model);
- increase opportunities for family and service provider engagement; and,
- support centralized referrals and develop standardized feedback loops for referral sources.

In order to do so, MSDH and the Legislature could work collaboratively to determine a reasonable budget increase for the First Steps program. For example, the ECTA Center developed a financial planning framework that states can use to project the number of financial resources needed, as well as the long-term financial benefits that program expansion would represent.

Further, utilizing budget and expenditure information from FY 2022 and child counts from school year 2021 to 2022, the Task Force determined that the estimated total costs per child in the early intervention is $7,279. If Mississippi were to increase the number of children currently being served by the First Steps program (1.52%) to the national average of 3.88%, MSDH would need a total budget of approximately $29.5 million. If the level of federal funding remains the same as in FY 2022, the amount of state funding necessary to support this budget

increase would total $21.2 million.[5] The Task Force notes that the increase in the number of children in the First Steps program would not occur immediately and would take several years to implement. If the Legislature increased the program's funding on a phased-in basis over the course of five years, the increase in state funding for the program would equal to $4.2 million per year.

Recommended Action(s)

MSDH Recommendation

1. MSDH should use ECTA's financial planning framework to project the number of financial resources needed for the First Steps program and include the long-term financial benefits that program expansion would represent. MSDH should also include the sustainment of competitive provider rates in order to retain and recruit service providers. MSDH should provide this information to the Legislature in its service delivery and billing reimbursement plan by December 1, 2024.

Legislative Recommendation

2. Utilizing the financial projections and benefits provided by MSDH (as noted in the above MSDH recommendation), the Legislature should consider increasing the appropriation provided to MSDH to support the First Steps program. In addition, the Legislature should consider requiring MSDH to provide data and information to show continued program improvement.

According to MSDH, in order to implement centralized billing, the agency would need: an appropriate amount of upfront capital to ensure that payments could be made to service providers while MSDH is chasing the reimbursement to continually replenish the revolving fund; funding for outreach to service providers for adoption of a new model; and funding for additional staffing or contractual services to implement centralized billing. MSDH agrees that they will need at least one year for planning and startup of this new process.

Finding #4: MSDH and the Mississippi Division of Medicaid (DOM) should work together to improve coordination with the process of billing and counting children receiving early intervention services.

The First Steps program and DOM currently lack coordination with the process of billing for early intervention services and counting children receiving those services. This

[5] The amount of federal funds appropriated for the First Steps program in FY 2022 included federal COVID relief funding. Since the COVID relief funding was temporary, the amount of federal funds available for the program may decrease in the coming years.

creates hardships for First Steps service providers who bill Medicaid and may result in an inaccurate count of the number of children in the First Steps program. MSDH could work with DOM to bundle billing codes for early intervention services, implement an early intervention chapter in the Medicaid office, and/or enter into a data-sharing agreement to ensure children are properly counted.

Background

Medicaid is a state and federally funded program to provide healthcare to eligible, low-income populations across the nation. Each state runs its own Medicaid program within federal guidelines, but states have some flexibility in determining program organization, implementation, and eligibility criteria. The Mississippi Legislature enacted DOM in 1969, which currently has more than 900 employees across the state (i.e., a central office, 30 regional offices, and over 80 outstations).

Concerns with Limited Coordination between MSDH and DOM

Service providers offering services through the First Steps program must first bill Medicaid for eligible children prior to submitting a claim for reimbursement from MSDH. Providers have identified difficulties in billing early intervention services through Medicaid because Medicaid does not bundle Current Procedural Terminology (CPT) billing codes. This system of unbundled codes requires providers to submit multiple claims using different CPT codes for each session, which is a laborious process and dissuades some early intervention providers from becoming enrolled as Medicaid providers.

Additionally, the Task Force received information that children eligible for the First Steps program may be receiving services through Medicaid without being counted as enrolled in the state's early intervention program. Further, some parents have reported that they have been encouraged by First Steps personnel to obtain early intervention services simultaneously through Medicaid and the First Steps program, which is not compliant with POLR requirements.

Prior to the establishment of the Task Force, MSDH was unaware of the amount billed and paid through Medicaid for early intervention services. The lack of coordination between MSDH and DOM creates billing challenges, inaccurate child count numbers, and the potential for noncompliance.

Forward Movement

MSDH could enhance coordination with DOM by:

- working to bundle early intervention CPT codes;

- forming an early intervention Medicaid chapter to be solely responsible for early intervention claims; and/or,
- entering into a data-sharing agreement to share referral, enrollment, and claims information.

These steps forward would be beneficial to service providers and to MSDH staff, who would be able to better count the number of children receiving early intervention services in Mississippi.

For example, Alabama, Tennessee, and New Hampshire have Medicaid systems that either bundle codes or have implemented an early intervention chapter that deals solely with early intervention claims. Meanwhile, Pennsylvania, Oregon, and Illinois have instituted data-sharing agreements between the state's early intervention program and Medicaid division to coordinate referral, enrollment, and/or claims information.

Recommended Action(s)

MSDH Recommendation(s)

1. MSDH should work with DOM to ensure that any issues with early intervention service and billing codes are addressed and options are considered to improve billing and reimbursement issues. Some of these difficulties could be addressed by bundling service codes and/or forming an early intervention chapter within DOM that would deal directly with early intervention claims.
2. MSDH and DOM could enter into a data-sharing agreement that would allow for transparency regarding the number of children enrolled in the First Steps program, the total number of children receiving early intervention services in the state, and the total cost of such services.

Improvement of MSDH's Early Intervention Policies, Procedures, and Processes

Finding #5: Mississippi's First Steps program needs to improve the referral process to ensure children and families receive timely services as soon as possible, as well as increase the number of children served by the program.

MSDH's current referral process for its early intervention program does not ensure the timely and appropriate identification of infants and toddlers who may be eligible to receive early intervention services. Further, the time between referral, evaluation, assessment, and provision of services should be reduced to ensure children receive services as soon as possible. MSDH could improve the referral process by editing

referral forms, promoting an online referral form and process, implementing trainings, and eliminating the re-screening requirement.

Background

In Mississippi, families and primary care providers (e.g., pediatricians, family practitioners, and nurse practitioners) may make referrals to the First Steps program by mailing, faxing, or calling the Early Intervention Central Referral Unit, located within MSDH's Central Office, within seven days of identification of a developmental delay. Referrals may also be made by anyone with knowledge of the child without requiring parental consent. Once the referral is received, Central Office staff will share the referral with the LEIP where the family resides. The LEIP will pair the family with a service coordinator who will then set up an intake visit and begin planning the process of eligibility evaluation. If the evaluation deems the child eligible, the service coordinator will help to develop an IFSP and refer the family to public and private providers in and around the area. IDEA Part C requires that, within 45 days after the lead agency or early intervention service provides receives a referral of a child, the screening, initial evaluation, initial assessments (of the child and family), and the initial IFSP meeting for that child must be completed.

Children referred to the First Steps program should have a completed screening, evaluation, assessment, and IFSP within 45 days of their referral.

Additionally, all children receiving services through Part C are potentially eligible for Special Education services under Part B of IDEA and should be referred to their local school district at least 90 days before their third birthday. Each family should be provided with a transition plan consisting of steps and services in their IFSP at least 90 days before the child's third birthday.

Concerns with the First Steps Program's Referral Process

From FFY 2014 to FFY 2021, Mississippi has decreased by approximately 10% in the number of eligible infants and toddlers with IFSPs for whom an initial evaluation, assessment, and IFSP meeting were conducted within IDEA Part C's 45-day timeline. Mississippi did not meet its target for any of the years under review, and it performed below the national average for each year under review except for FFY 2017.

Refer to Attachment J on page 81 for a graph of MSDH's performance on IDEA Part C's 45-day timeline indicator.

Further, in FFY 2022, MSDH reported that there were 5,078 infants and toddlers referred to the program. Of the children referred to the program, 2,271 (45% of

referrals) received a new assessment/evaluation, and 2,015 (89% of the children receiving an evaluation) were determined to be eligible for the program. Based on the number of eligible children, 1,869 (92%) had an IFSP developed.

One of the biggest issues reported to the Task Force, and one major barrier to success of the First Steps program is the program's current referral process. Individuals reported several issues, including but not limited to:

- **Lack of referrals to the First Steps program due to limited feedback and frustration with the program:** As reported, Mississippi currently serves a low number of infants and toddlers through its early intervention system. A service provider reported that the number of children referred to the program has drastically declined over the years due to physicians and families being dissatisfied with many elements of the First Steps program, including lack of services available, limited communication and feedback regarding prior referrals, and issues with testing and evaluation of children. Due to the aforementioned areas of discontent with the program, physicians have begun referring children and families to early intervention services outside of the First Steps program, especially those who have private insurance or Medicaid benefits.
- **Timeliness of referrals:** Families reported many delays in service provision, even after the IFSP has been prepared. Several complained that it could be months before a child is provided services once being referred to the program. Connection to services is further complicated by MSDH's limited communication with families regarding the referral process. For example, service providers have 45 days after accepting the referral to begin services. However, many service providers are not aware of the 45-day timeline, and families are often not told when a service provider has accepted the referral or when the 45-day period has begun.
- **Inefficient training and lack of standardization for the evaluation process:** Insufficient training for the competent use of standardized measures has resulted in scoring errors and incomplete results. The evaluation process is also not standardized, leading to ambiguity about whether evaluators must use one set assessment tool or if they are allowed to choose from a variety of standardized tools. Furthermore, few evaluators utilize the "informed clinical opinion" option for disrupted or atypical development not otherwise captured by developmental tests nor does the evaluation process include specialized assessment for neurodevelopmental disorders, such as autism spectrum disorder.

- **Referrals to services that never occur:** Some families are told that their children need certain services but when the service coordinator is unable to find a service provider to deliver the services, the service is not provided or discussed again, as if it was never needed in the first place. For example, one family reported that their child needed additional therapy services, but their service coordinator stated that there were no service providers in the area. Therefore, the services were never provided and the service coordinator never brought it up again with the family.
- **Lack of online referral process further delays the process:** MSDH does not currently offer online referral forms and relies solely on mail, fax (a method of transmission that many offices no longer use), and phone calls, which can further delay the process. Further, MSDH's current referral forms do not link/refer to the qualifying diagnosis list. This can result in service providers simply documenting the developmental delays and not verifying each diagnosis, which would automatically qualify some children.
- **Issues with the completion of referral forms:** Service providers stated that information is not always provided to evaluators in a timely manner (some districts are better than others), and referral forms are not filled out completely (e.g., the provider referral is not marked if it is an evaluation, medical assessment, or annual assessment). Additionally, medical records are not always included with the referral form, which requires an additional step and adds unnecessary time to the process.
- **Lack of encouragement to families referred to the program:** While it is MSDH practice for service coordinators to contact families referred to the program, several individuals reported that the phone calls do not promote the importance of the program or explain the resources available. Service coordinators do not reiterate the value of early intervention services to families, nor do they follow up with families whose children are at risk of developmental delay. This can be especially unhelpful to high-risk populations (e.g., premature-birth population, especially those of lower socioeconomic status or limited education). This problem does not occur statewide, but several service providers reported this as an issue in some counties.
- **Limited inclusion of child care educators in the referral/evaluation process:** Child care educators are not currently included as part of a child's multidisciplinary team (e.g., occupational and physical therapists, parents, pediatricians). This limits a child care educator's involvement in a child's development and progress through the early intervention program and

results in child care educators being less likely to refer other children to the First Steps program.

Further, one service provider reported that families referred to the First Steps program by their pediatrician can go months without hearing from the program regarding the referral. To ensure that the children are provided early intervention services while they wait to hear from the First Steps program, the service provider will provide the services and bill Medicaid or private insurance. Thus, children are receiving early intervention services but are not being counted as participants in the First Steps program. The service provider stated that if providers wait for First Steps to go through the referral process, they may end up never seeing the children who need the intervention services.

Forward Movement

MSDH is exploring several options to improve the referral process for the First Steps program. Those options include the following:

- incorporating an online referral process so that those making the referrals can more easily access a referral portal for early intervention; and,
- creating a more streamlined and centralized referral process for those seeking services through, or making referrals to, MSDH's child serving programs (e.g., an individual seeking services or making a referral might not know which program might be best suited for the individual).

Additionally, MSDH believes that a referral process that could collect information and direct individuals to the most appropriate program and services would eliminate the need for multiple referrals to multiple programs. Further, feedback loops to the referral entities or to those seeking services are also needed so that those individuals know that information has been received and what future expectations and timeliness may be.

Recommended Action(s)

MSDH Recommendation(s)

1. MSDH should make changes to its early intervention referral process, including but not limited to:
    a. editing referral forms (e.g., providing a link to the list of qualifying diagnoses on the referral form);
    b. promoting an online referral form and process;
    c. implementing trainings for physicians, nurse practitioners, service coordinators, childcare professionals, and service providers to ensure

all involved understand the referral process and the importance of enrolling eligible children in the program;

d. implementing processes and procedures for communicating with physicians regarding children referred to the program; and,

e. creating a multidisciplinary team-based approach that requires child care general educators to be invited to the team if the child spends most of their week in early education or child care programs.

Finding #6: MSDH should work to improve the recruitment, development, and retention of highly qualified personnel and service providers.

The First Steps program has a shortage of service providers and service coordinators and lacks a robust system of personnel development. These issues prevent many children from receiving high-quality services or from receiving any services at all. To address these issues, MSDH should expand its recruitment efforts and implement a stronger training program for First Steps staff and providers.

Background

The First Steps program currently supports 94 positions, including some contracted positions (e.g., director of the program, training coordinator, service coordinators, interpreters, evidence-based practice coaches, administrative assistants).

While the First Steps program has 94 positions, 19% of those positions are vacant, including 10 service coordinator positions.

Refer to Attachment K on page 82 for the First Step program's organizational chart.

Of the 94 positions, 76 are filled and 18 are vacant. A majority of the vacancies are in the service coordinator position. Other vacancies include but are not limited to positions responsible for training, the data system, and regional operations. Additionally, all but three of the vacancies are within the regional offices.

As shown in Attachment K the First Steps program is administered by the Director of Child and Adolescent Health (CAH). In addition to overseeing the First Steps program, the Director of CAH is also responsible for administering other programs within the Department such as adolescent health, children and youth with special health care needs, and lead poisoning prevention and healthy homes education.

As of August 2023, the First Steps program has enrolled approximately 283 providers to provide developmental services, e.g., audiology, speech-language pathology, physical therapy, and occupational therapy. Medical professionals

who are interested in providing services through the First Steps program may submit an enrollment form for consideration by the MSDH.

MSDH has identified priority areas of the state where service coordinator capacity needs to be built. Those areas are in the northwestern and central parts of the state. Recently, MSDH has developed an Office Workforce Development to work alongside program areas to assist with recruitment and retention of staff. The First Steps program will be collaborating with the Office of Workforce Development to specifically recruit and build capacity in service coordination.

Concerns with Recruitment, Retention, and Training of Highly Qualified Personnel

According to the testimony of Task Force members and information gathered through public comment, there are several issues that could be addressed by improving recruitment, retention, and training of highly qualified personnel within the First Steps program. First, the First Steps program suffers from a shortage of service providers and service coordinators, in part due to the issues outlined earlier in this document. These shortages, in turn, cause children to receive delayed services or no services at all.

MSDH does not currently calculate turnover rates for services coordinators due to the use of generic job titles through the Mississippi State Personnel Board, which are used across multiple programs at MSDH. MSDH would like to determine a way to use this measure in the future.

Limited Number of Service Providers

Many of the public comments indicated that children who have been determined eligible for the early intervention program must sometimes wait for months to receive services due to a lack of providers. Even a 3-month delay in a young child's life can cost valuable time. Often, when a child is connected with a provider, services can be sporadic for several reasons, including high-volume caseloads, travel time, and/or provider turnover. For example, when a service provider quits, families are often required to wait to be referred to another service provider. The time spent waiting for a new referral can result in a significant gap in services. Several respondents reported that some children receive no services at all or have their services discontinued when providers are no longer available, which often results in children "aging out" of the program before services are reinitiated.

The availability of services is also contingent upon the county in which the family lives. While counties like Hinds and Harrison have as many as 50 total service providers available, other counties like Webster, Simpson, and Smith have only five or six providers available. This can cause both inequities for families and burdens to providers in the areas with limited services (e.g., travel to and from providers, no available provider in the area, and increased caseloads).

Limited Number of Service Coordinators

In addition to the lack of service providers, the program suffers from a shortage of service coordinators. There are currently 13 vacancies for evidence-based practice coaches and service coordinators. These shortages increase the caseloads that the service coordinators must administer, leading to increased workloads and potential burnout, staff turnover, and lowered ability to effectively address each child's needs.

Lack of Communication and Quality Training Opportunities

The lack of collaboration between service providers and MSDH staff is also an issue. Public comments received from service providers indicated that there is a lack of communication from program administration about policies that affect them and that there are no mechanisms by which providers may meet, collaborate, and improve their practices through shared experiences. Furthermore, enrolling in and using the First Steps' data system, called the Mississippi Infant Toddler Intervention (MITI) system, can be laborious, especially for agencies with multiple providers who may need to be assigned to a case. The system does not interface well with other medical software systems like EPIC, and enrollment into the system can take up to six to eight months.

Some of the public comments reveal concerns about the lack of quality training on the use of evaluation tools, which can lead to incomplete or inaccurate assessments. Lastly, service providers accustomed to the clinical setting may not have training on how to appropriately provide services in the natural environment.

According to information gathered through public comment, it is apparent that service coordinators would also benefit from additional training. Some of the parents who responded to the request for public comment found that service coordinators lacked knowledge about available resources, failed to communicate program timelines and procedures, and/or demonstrated insensitivity in person or on the phone.

Without sufficient training to ensure well-trained service providers and coordinators, children in the First Steps program will not receive the quality of services they need.

Forward Movement

To resolve issues surrounding the recruitment, retention, and training of First Steps staff and providers, MSDH could consider increasing its recruitment efforts and implementing a stronger personnel training program. Further, MSDH needs to consider reorganizing the First Steps program to be its own entity within the Department that has a director solely responsible for the early intervention program.

Reorganizing the First Steps Program as a Separate Entity within the Department

As MSDH begins to implement recommendations in the report to improve the First Steps program, it will need to have strong leadership responsible for the administration and provision of IDEA Part C services. This will require monitoring ongoing issues with the program and ensuring recommendations are implemented in an efficient and effective manner. The Task Force believes this will require MSDH to reorganize the program to allow the Part C Coordinator to be solely responsible for administering and operating the First Steps program without the additional workload of serving as the CAH director. This will allow the Part C Coordinator to focus only on the statewide early intervention system.

Recruiting and Hiring a Highly Qualified Part C Coordinator

In addition to filling the role of the CSPD Coordinator, the First Steps program needs to conduct a national search for a highly qualified Part C Coordinator to improve recruitment and training of highly qualified personnel.

The role of the Part C Coordinator is to provide overall leadership for the program in the state, including meeting all federal and state requirements for reporting and quality improvement. As identified by law, the Part C program is not intended to be a stand-alone program, but one that builds interagency partnerships. The Part C coordinator is responsible for establishing these partnerships and providing leadership to develop a comprehensive, coordinated, interagency system.

Comprehensive System of Personnel Development

The First Steps program can begin resolving these issues by building on the work already completed by SICC and the CSPD. In 2017, the First Steps program received technical assistance for the state's CSPD through a partnership with the University of Connecticut. Over the course of six years, Mississippi's team met several times, both face-to-face and online, and was able to develop action plans and improve professional competencies for the state.

SICC is an advisory council appointed by the Governor to advise and assist MSDH in implementing the requirements of IDEA Part C.

One of the primary achievements of the CSPD study group was securing funding to create a CSPD Coordinator position. The CSPD Coordinator is responsible for all aspects of the design, implementation, evaluation, modification, and registry submission of the professional development for employees and contractors providing early intervention and early childhood services through State agencies as defined in IDEA Part C. Establishing a CSPD Coordinator position will increase the program's focus on the training program and will introduce stability and sustainability to the CSPD. The CSPD Coordinator position will be housed within the Early Childhood Department at MDE to facilitate collaboration between Parts B and C.

Cross-Disciplinary Core Competency Areas

As the First Steps program improves the CSPD, it should enforce qualifications and competencies that program staff and providers must meet. SICC has already completed work in this area that First Steps can utilize to ensure that all employees and contractors are well-trained and well-qualified. In 2019, SICC members developed new competencies for all levels of service delivery in the First Steps program based on competencies created by the Early Childhood Personnel Center and newly approved early intervention/early childhood special education standards from the Division for Early Childhood. These new competencies included entry-level and advanced competencies for all disciplines.

As part of its work developing new competencies, SICC recommended the expansion of the qualification requirements for the position of special instructor. Special instruction is an early intervention service that focuses on promoting caregiver-child interactions and supporting caregivers in learning new strategies they can use to enhance the child's development

and participation in the natural activities and routines of everyday life. Upon the SICC's recommendation, the Legislature passed S.B. 2485 during the 2023 Regular Session to allow individuals who hold a degree in Human Development and Family Science or Child and Family Science with a concentration in Child Development and Licensure in Pre-Kindergarten and Kindergarten to serve as special instructors. The First Steps program should ensure that it allows professionals who qualify under S.B. 2485 and other SICC competencies to serve in this role.

Lastly, Task Force members identified that the program does not currently enroll providers for all of the services that are included under IDEA Part C, including assessment for autism spectrum disorder, psychological services, mental health services, and family training. MSDH should establish set competencies and qualifications for these specialties so that providers in these disciplines can be enrolled in the program.

Recommended Action(s)

MSDH Recommendation(s)

1. Contingent upon the type of service delivery model, MSDH will need to:
    a. set minimum standards that all program personnel must meet;
    b. assist program partners in recruiting highly qualified service providers;
    c. expand efforts to recruit highly qualified personnel within MSDH operating the First Steps program (e.g., quality control personnel); and,
    d. improve training efforts internally and through program partners hiring or contracting with service providers.
2. MSDH should work with the incoming CSPD Coordinator to implement a robust training program for First Steps staff and providers based on a set of core skills and competencies.
3. To ensure recommendations in this report are implemented, MSDH should consider reorganizing the Department's leadership structure by placing the First Steps program under a Part C Coordinator solely responsible for the early intervention program.
4. MSDH should conduct a national search for a highly qualified IDEA Part C Coordinator to improve recruitment and training of highly qualified personnel and in return improve early intervention services.

5. MSDH should clarify the program's position requirements, particularly for the special instructor/developmental therapist position, to ensure that all qualified candidates with an appropriate degree are utilized.
6. MSDH should utilize the competencies developed by SICC when hiring and training personnel in the First Steps program. Additionally, the Department should develop competencies for early intervention services not currently incorporated in the program, including assessment for autism spectrum disorder, psychological services, mental health services, and family training.
7. MSDH should improve database interfacing between the MITI system and other medical software systems like EPIC to improve communication between providers. MSDH should also determine methods to reduce the lengthy enrollment process for obtaining access to the MITI system.

Finding #7: MSDH needs to identify ways to increase outreach, education, and community awareness for the early intervention program.

The First Steps program does not adequately publicize the existence and benefits of early intervention services, which reduces the number of children referred to the program by parents and physicians. MSDH could improve community awareness about the program by expanding communication with referral sources, such as physicians and childcare workers, and increasing efforts to inform parents about the program, especially those living in high-risk communities.

Background

The IDEA Part C statute stipulates that the state's early intervention program must have a public awareness program focusing on the early identification of infants and toddlers with disabilities. As part of the public awareness campaign, the lead agency must prepare and disseminate information about the availability of early intervention services to all primary referral sources, including hospitals and physicians, to be given to parents, especially those with premature infants or infants with other physical risk factors associated with learning or developmental complications.

The First Steps program has a Public Awareness Campaign in which each LEIP must have an annual written plan for its Child Find activities every fiscal year. The plan must provide:

- a description of the type of activities to be conducted;
- resources needed;
- individuals responsible for each activity; and,

- the timeline for activities.

The Child Find plan must include plans to coordinate Child Find activities with:

- local health care providers, including hospitals, physicians, clinics, and public health facilities and/or agencies;
- Community Mental Health Centers;
- DOM and Mississippi Medicaid Managed Care Providers;
- Mississippi Department of Child Protection Services (MDCPS);
- Social services agencies;
- homeless family shelters, and domestic violence shelters and agencies;
- community-based family support and advocacy programs and agencies;
- Excel by 5 Coalitions and other councils;
- Early Head Start, early learning programs, and child care centers, especially those who accept children receiving Temporary Assistance for Needy Families (TANF) certificates;
- Local Education Agencies (LEAs) and other schools; and,
- University and community college programs serving young children, including the Mississippi Early Inclusion Center (Institute for Disability Studies, the Early Childhood Academies, and the MSDH Childcare Licensure Branch.

According to MSDH, local service coordinators are required to do one Child Find activity each month and program coordinators must do two Child Find public awareness activities each month. Further, in May of 2023, First Steps program contracted with organizations to develop outreach materials for the program which included:

- printing of educational material from the Centers for Disease Control and Prevention (CDC) with MSDH contact information, promotional materials with the new early intervention logo; and,
- video production and media placement of video.

Concerns that Individuals are Unaware of Mississippi's First Steps Program

Through public comments, the Task Force identified a general lack of awareness about the existence of the First Steps program and the resources available to children and families through the program. The lack of information affects not only parents, but medical professionals and childcare workers as well. For example,

Parents reported that they were unaware of the First Steps program in Mississippi, until their children were born with a disability, even a parent who works in the medical field. Some parents are made aware of the program through sources other than their pediatrician (e.g., a relative out of state, hairstylist).

service providers reported that many doctors and provider agencies are unaware of early intervention services and need more information about the program. Others recounted issues with childcare centers not allowing service providers to provide services in their centers because the childcare center owners were not familiar with the early intervention program, laws, and regulations.

The lack of community awareness about the First Steps program can result in delays in children's entry into the program and prevents some children from receiving needed services. Furthermore, this shortage of public knowledge about the program may disproportionately affect low income and/or less educated households who are less likely to have access to information about the program but are more likely to need the early intervention services.

Forward Movement

Widespread medical consensus confirms that the earlier a child receives developmental services, the more effective those services are likely to be. In order to ensure that all children who need early intervention services have the opportunity to enter the First Steps program in a timely manner, MSDH should strengthen its outreach and education efforts to medical professionals, childcare workers, and parents. Massachusetts, for example, designates part of its IDEA Part C grant award to the state's Federation for Children with Special Needs, which assists with child find identification efforts, family training, and advocacy. One of the programs within the Federation is Family TIES, which serves as a central repository of information for parents regarding referral services, emotional support, and parent-to-parent connections. Mississippi could consider a similar contractual relationship with an organization that would facilitate child find efforts.

Recommended Action(s)

MSDH Recommendation(s)

1. MSDH, with the assistance of SICC, should increase communication with hospitals, medical professionals, and childcare centers through digital correspondence, in-person presentations, and/or published materials about the services offered through the First Steps program.

2. MSDH, with the assistance of SICC, should strengthen outreach to parents and the broader public through health fairs, informational brochures, and online resources. MSDH could, additionally, explore the mechanisms implemented in other states to conduct community outreach for the early intervention program.
3. MSDH should identify high-risk geographic locations and demographic categories to provide additional support to increase access to enrollment for families who could benefit the most from early intervention services.

Finding #8: MSDH should ensure services are provided in the child's natural environment.

From FFY 2014 to FFY 2021, the First Steps program's number of infants and toddlers served in the natural environment has decreased by nearly 20%. Providing services in the natural environment is federally mandated and widely considered to be best practice. Children who do not receive services in the natural environment may not receive the highest quality or statutorily compliant level of care. To resolve this issue, the First Steps program should promote services in the natural environment by recruiting more providers and creating guidelines that would allow telehealth to count as providing services in the natural environment under appropriate circumstances.

Background

Pursuant to IDEA Part C regulations, states must ensure that early intervention services are provided in the natural environment to the maximum extent appropriate and must provide justification on the child's Individualized Family Service Plan (IFSP) for services performed in an alternative setting.

According to a technical assistance document developed by OSEP, infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts, i.e., their natural environment. The purpose of early intervention services is to form a collaborative relationship among providers, caregivers, and children, with the ultimate goal of teaching caregivers how to independently promote their child's development throughout their daily lives. Through this intervention model, according to an article in the American Speech-Language-Hearing Association journal, typical routines such as getting dressed, walking the dog, picking up toys, getting the mail, eating a snack, or going to the store, can serve as meaningful and functional opportunities for learning communication, social interaction, and other developmental skills.

Concerns with Service Provision

In Mississippi, however, around 25% of children in the early intervention program do not receive services in the natural environment. Based on the state's annual performance reports from FFY 2014 to FFY 2021, the First Steps program has decreased the number of children who primarily receive services in the natural environment by nearly 20%, falling incrementally from 93% in FFY 2014 to 75% in FFY 2021. Mississippi has not met its target for this indicator and, in fact, has fallen below the national average each year from FFY 2014 to FFY 2020.[6]

One reason for the state's decline in numbers is that the social distancing requirements instated during the COVID-19 pandemic prevented providers from traveling to children's homes. Still, the consequences of the pandemic cannot wholly account for the decline initiated prior to the pandemic nor for the disparity between Mississippi's percentages and the national average percentages, which have exceeded Mississippi's by between 4% and 18% from FFY 2014 to FFY 2020. In the state's justification for the low percentages on its performance reports, Mississippi cited shortages in providers able and/or willing to provide services in the natural environment, health protocols initiated during the COVID-19 pandemic, and reluctance of families to receive services in their homes.

Attachment L on page 83 provides a chart shows the number of children served in natural environments in other states compared to Mississippi.

In a brief released by Mississippi Thrive!, individuals reported issues/concerns with providing services in the natural environment, including but not limited to:

- the time required to travel to and from appointments;
- the low number of service providers available to provide services, especially in the more rural counties in the state;
- lack of clarity among some stakeholders regarding what service provision in natural environments; and,
- the possibility that services provided in the natural environment will not be reimbursed, specifically by some private insurance companies.

MSDH encourages services in the natural environment by reimbursing 120% to providers who offer services in the natural environment rather than a clinic or hospital setting.

[6] The most recent national averages for FFY 2021 have not yet been published.

Forward Movement

Since providing services in the natural environment is federally mandated and offers the best therapy model for young children, the First Steps program should work to rectify the declining percentage of children served in the natural environment by recruiting more providers, and encouraging the use of telehealth services, when appropriate and chosen by the family.

Recommended Action(s)

MSDH Recommendation(s)

1. MSDH should recruit more service providers into the program, particularly those willing to serve children in the natural environment.
2. MSDH should allow the use of telehealth services (when appropriate and within MSDH developed guidelines), which can be counted as providing services in the natural environment for several services. MSDH will need to ensure that it develops guidelines to guide the use of telehealth services.

Finding #9: MSDH should consider expanding the program's eligibility criteria by reducing the percentage of delay necessary to qualify for services and by adding an eligibility category for at-risk children.

The First Steps program has more restrictive eligibility criteria than some states and does not consider children who are at risk for developmental delays as eligible to receive early intervention services. National research, however, indicates that expanding eligibility criteria can increase access to services for children who would benefit from developmental therapy. Furthermore, studies have shown that certain biological and environmental conditions can lead to developmental delays and social-emotional issues that are best treated in the early years of life but the effects of which may not be detected until the child is older. MSDH should consider expanding the program's eligibility criteria to allow more children to receive services and to reduce the chance of developmental delays that may go unnoticed until later childhood.

Background

IDEA Part C mandates that states extend eligibility to children under the age of three who are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures, or who have been diagnosed with a physical or mental condition that has a high probability of resulting in developmental delay. Under the federal statute, each state has the option to include "at-risk" infants and toddlers who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided. Further, states have the flexibility in establishing the qualifications for an "at-risk"

eligibility category. The definition of an at-risk infant or toddler may include an infant or toddler who is at risk of experiencing developmental delays because of biological or environmental factors that can be identified, including low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, a history of abuse or neglect, and being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

According to MSDH, infants and toddlers are eligible to receive early intervention services if they have a:

- qualifying diagnosed condition (e.g., Down syndrome); or,
- significant delay in their cognitive, communication, adaptive, social-emotional, and/or physical development (including hearing or vision) based on comprehensive evaluation conducted by a multidisciplinary team of professionals using a standardized measure; or,
- informed clinical opinion of a medical professional documenting disrupted or atypical development.

Refer to MSDH's First Steps website for more information regarding qualifying diagnosed conditions.

A significant delay is defined as:

- -1.5 standard deviation (33% delay) or greater in one area of development; or,
- -1.25 standard deviation (25% delay) or greater in two or more areas of development.

As defined by federal statute, First Steps does not currently consider at-risk children as eligible for entry into the program.

Concerns with Mississippi's Eligibility Criteria

It is important to note that since Mississippi's First Steps program has moderately restrictive eligibility criteria and does not include an at-risk eligibility category, many children who would benefit from early intervention services may not receive the services necessary to prevent developmental delays. The First Steps program could reach more children and reduce the likelihood of developmental delays if it expanded its eligibility criteria. For instance, Task Force members explained that due to the trajectory of early childhood development, young children may only demonstrate a 25% delay, which fails to meet the 33% eligibility criteria for the program and prevents children from receiving services that could help rectify their delay.

There have been many instances reported to the Task Force that included families new to early intervention either prioritizing only one area of development or skill set (e.g., walking, talking), no matter the results of the qualifying developmental evaluation/assessment or the service provider's concerns. This then leads to families receiving minimal services due to their minimal concerns, or families may opt out of services altogether, causing children to fail to receive services during critical brain development periods. This issue is due to the fact that service providers are not encouraged by the First Steps program to offer their expertise and recommendations as part of the eligibility process.

Additionally, there have been reports of referred children with suspected developmental delays not qualifying for early intervention services through the First Steps program. This is very concerning to the Task Force considering the importance of providing necessary early intervention services as soon as possible.

Further, some developmental testing instruments do not separate out "fine" and "gross" motor skills or "receptive" and "expressive" language skills for scoring purposes. This can and has caused an inflated score in the developmental domains of "motor" or "language" skills which could prevent a child from qualifying for needed services. An example of this would be a child displaying typical understanding and comprehension of language, but a delay in verbal and gestural language used to express their needs is present. Because these two areas are combined and scored together, the child may not reach the threshold to qualify for a significant delay in communication and the child would not receive speech-language therapy services, even though such services are needed.

While expanding the program's eligibility criteria would benefit more children, First Steps would need to ensure it makes improvements to its current system and secures appropriate resources to effectively serve children under an additional eligibility category.

Forward Movement

According to a report released by the United States Government Accountability Office (GAO) in 2019, variations in the states' criteria for program eligibility may contribute to the differences in percentages of children served. Approximately 15 states (e.g., Alabama, Arkansas, Texas) allow children to qualify for the early intervention program if they demonstrate a 25% delay in one or more developmental domain, and an additional three states (i.e., Illinois, Idaho, and North Carolina) allow children to qualify if they demonstrate a 30% delay in one or more developmental domains. Reducing the percentage of developmental

delay necessary to qualify for the program allows more children to receive the therapy they need to lessen their delay.

Additionally, several national reports have found that children who are at risk for developmental delays would benefit from early intervention services. OSEP, for example, advises that children who are at risk but do not initially meet eligibility criteria for early intervention services have an increased likelihood of qualifying for early intervention later on. Another report by the Institute for Social and Economic Development concludes that infants and toddlers at risk for developmental delay due to substantiated or investigated incidents of maltreatment require intervention services as early as possible to avoid developmental problems, rather than waiting for delays to become intractable or trying to remediate academic failure. The U.S. Department of Health and Human Services released a similar bulletin highlighting the correlation between child maltreatment and developmental disabilities and emphasizing the long-lasting effects of providing early intervention to these children.

Early intervention programs in six states—California, Florida, Massachusetts, New Hampshire, New Mexico, and West Virginia—currently serve at-risk children. According to a brief published by the Prenatal-to-3 Policy Clearinghouse, these states serve children who are not yet presenting with delays or disabilities but may be likely to in the future, based on a set of biological, environmental, or social risk factors. The states that do extend eligibility to at-risk children in their early intervention programs serve an average of 6.25% of the birth to three population, which is more than four times the percentage served in Mississippi.

It is important to the Task Force that family-driven decision-making and family priorities take precedence in the early intervention program. Families should be provided with critical information regarding their child's specific needs in order to make an informed decision regarding services. This means service providers must be encouraged to provide strategies, recommendations, and an explanation of the impact of not intervening early when concerns of delays or atypicality are present.

According to the Task Force, the knowledge and skills of the multidisciplinary provider team must be considered during the evaluation and/or assessment procedures for enrolling eligible children into the First Steps program. Informed clinical opinion should be incorporated into the evaluation reports to help guide families and service coordinators in the next phase of the process, determining goals based on family priorities and routines.

Further, reports of referred children with suspected developmental delays not qualifying for early intervention services should be addressed by expanding the qualifying eligibility criteria. While informed clinical opinion should be considered in cases where delays are not yet statistically significant or when atypical or dysfunctional behaviors or structural differences are noted, the program's eligibility criteria should be expansive enough to capture many of these cases without requiring the provider to utilize the informed clinical opinion option.

Recommended Action(s)

MSDH Recommendation(s)

Delays often become more significant and more difficult to remediate once embedded into the child's daily routine/pattern without support and intervention in place.

1. MSDH should work with ECTA technical assistance to explore innovative ways for the First Steps program to serve children with mild-moderate delays or functional irregularities that may lead to delays.
2. MSDH should consider expanding the First Steps eligibility criteria to allow children with a 25% delay in one or more developmental domains to be eligible for services (i.e., a qualifying score of one standard deviation below the mean). It is important to note that any changes made to the eligibility criteria will need to take into consideration the financial impacts of any such change.
3. MSDH should consider implementing a follow-up process for any children and families who did not qualify for service by a narrow margin. Follow-up should be conducted on a three- to six-month basis through telehealth consultations with a service provider to coach the family through issues or to re-screen the children to see if they qualify for services.
4. In order to serve more children in need of early intervention services, MSDH should consider expanding the First Steps eligibility criteria to include "at-risk" children based on an established list of biological and environmental risk factors or occurrences that could have negative implications for health.
5. MSDH should consider changing policy to allow infants discharged from the Neonatal Intensive Care Unit (NICU) meeting eligibility criteria for early intervention to be automatically enrolled in the First Steps program.

6. Increase collaboration between the First Steps program and the Mississippi Department of Child Protection Services to ensure that children in need of developmental therapy are referred to the early intervention program and receive services.

The Task Force understands that there are other areas that could be addressed by MSDH to improve early intervention services in the state. However, the Task Force believes the findings and recommendations in this report are the ones that should be addressed first.

Conclusion

This report of the Task Force recommends steps the Legislature and MSDH can take to meet the early intervention needs of Mississippi's children. For the past six months, from June 1, 2023 to December 1, 2023, the Task Force identified and confirmed a range of issues that impact and impede the effectiveness of the First Steps program and early intervention services in the state. The Task Force found that:

- the current centralized structure of the First Steps program prevents effective collaboration and communication, causes a disconnect between the Central Office and local programs, and leads to high caseloads for coordinators and providers;
- the billing and reimbursement system causes a burden for service providers and can result in service providers choosing not to contract with MSDH to provide early intervention services;
- the First Steps program is unable to support program improvement and expansion with its current level of funding; and,
- ineffective and inefficient policies, procedures, and processes (e.g., referral and eligibility criteria) limit the number of children served by the early intervention program.

To improve the quality of services provided and the number of children served through the early intervention program, Mississippi needs to:

- implement a new structure and service delivery model that will support all areas of the state, including the more rural areas (e.g., counties in the Mississippi Delta);
- improve the billing and reimbursement system to eliminate the administrative and financial burden for service providers;
- identify ways to increase funding and resources for the program; and,
- update policies, procedures, and processes of the First Steps program.

It is important to note that there have been many efforts over the years to improve the early intervention program. Organizations have made recommendations that have not been implemented, some of which are included in this report. The lack of implementation is a major concern of the Task Force. If the recommendations are not implemented, the program will not make the changes necessary to improve the program.

Recommended Action(s)

Legislative Recommendation(s)

1. The Legislature should consider passing a bill to require:
    a. MSDH to submit updates to the Legislature and PEER regarding implementation of recommendations in this report; and,
    b. the early intervention program to be reviewed in three to five years.

The Task Force believes this is an important step to ensure recommendations in this report are implemented and program improvements are made.

The Task Force is honored to present these findings and recommendations and looks forward to the opportunity to continue to work with the Legislature and MSDH to improve early intervention services in the state and ensure the well-being of Mississippi's children.

Attachments

Attachment A: S.B. 2167

MISSISSIPPI LEGISLATURE REGULAR SESSION 2023

By: Senator(s) Boyd

To: Public Health and Welfare; Appropriations

SENATE BILL NO. 2167
(As Sent to Governor)

1 AN ACT TO PROVIDE FOR THE ESTABLISHMENT OF THE EARLY
2 INTERVENTION TASK FORCE TO STUDY THE IDEA PART C EARLY
3 INTERVENTION SYSTEM IN MISSISSIPPI AND MISSISSIPPI'S LAWS
4 REGARDING EARLY INTERVENTION; TO PROVIDE FOR THE GOALS AND
5 RESPONSIBILITIES OF THE TASK FORCE; TO PROVIDE FOR THE MEMBERSHIP
6 OF THE TASK FORCE; TO REQUIRE THE TASK FORCE TO DEVELOP AND REPORT
7 ITS FINDINGS AND RECOMMENDATIONS FOR PROPOSED LEGISLATION TO THE
8 LEGISLATURE ON OR BEFORE DECEMBER 1, 2023; AND FOR RELATED
9 PURPOSES.

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

11 **SECTION 1.** (1) There is hereby established the "Early
12 Intervention Task Force to Study the IDEA Part C Early
13 Intervention System in Mississippi and Mississippi's Laws
14 Regarding Early Intervention." The goal of the task force shall
15 be to develop a recommendation to the Legislature on reforming the
16 current early intervention system and laws in Mississippi, with a
17 goal of increasing access to services for children from birth to
18 age three (3) through a robust First Steps Early Intervention
19 Program. The task force may propose legislation and rule changes
20 based upon its recommendation.

21 (2) The members of the task force shall be as follows:

22 (a) The Chairmen of the Public Health Committees of the
23 Mississippi Senate and the Mississippi House of Representatives,
24 or his or her designee from their respective committee membership;
25 (b) The Chairmen of the Appropriations Committees of
26 the Mississippi Senate and the Mississippi House of
27 Representatives, or his or her designee from their respective
28 committee membership;
29 (c) The Chairmen of the Education Committees of the
30 Mississippi Senate and the Mississippi House of Representatives,
31 or his or her designee from their respective committee membership;
32 (d) One (1) member of the Mississippi State Senate, to
33 be named by the Lieutenant Governor; and one (1) member of the
34 Mississippi House of Representatives, to be named by the Speaker
35 of the House of Representatives, who are interested in early
36 intervention issues;
37 (e) The State Health Officer of the Mississippi
38 Department of Health or a designated deputy;
39 (f) One (1) designee that is a direct service provider
40 in the First Steps Early Intervention Program, to be named by the
41 State Health Officer;
42 (g) One (1) faculty member from the Social Science
43 Research Center (SSRC) at Mississippi State University, to be
44 named by the Director of the SSRC;

45 (h) One (1) developmental-behavioral pediatrician with
46 expertise in early childhood systems building, to be named by the
47 Vice Chancellor of the University of Mississippi Medical Center;
48 (i) One (1) general pediatrician, to be named by the
49 Mississippi Chapter of the American Academy of Pediatrics;
50 (j) One (1) clinical psychologist with expertise in
51 social-emotional health of infants and toddlers, to be named by
52 the Vice Chancellor of the University of Mississippi Medical
53 Center;
54 (k) One (1) school psychologist, to be named by the
55 Mississippi Association of Psychologists in the Schools;
56 (l) One (1) early interventionist/development
57 therapist, to be named by the State Health Officer;
58 (m) The Executive Director of the Mississippi Early
59 Learning Alliance;
60 (n) One (1) family advocacy representative to be
61 appointed by the Executive Director of the Mississippi Coalition
62 for Citizens with Disabilities;
63 (o) One (1) parent representative with current
64 experience with early intervention to be appointed by the
65 Executive Director of the Mississippi Coalition for Citizens with
66 Disabilities;
67 (p) One (1) faculty member from the College of Health
68 Sciences at Jackson State University, to be named by the president
69 of such university; and

70 (q) One (1) pediatrician, to be named by the
71 Mississippi Region of the National Medical Association.
72 (3) A faculty member from each of the universities within
73 the institutions of higher learning with an early childhood
74 development program or early intervention program may be named by
75 the president of each university to assist the task force.
76 (4) The task force shall meet within forty-five (45) days of
77 the effective date of this act and shall evaluate the current
78 early intervention laws in Mississippi. Specifically, the task
79 force shall:
80 (a) Evaluate early intervention infrastructure in
81 Mississippi and in states with better performance outcomes as
82 compared to Mississippi, study the employment structures of early
83 intervention systems and evaluate eligibility requirements to
84 support serving more children within the early intervention
85 system;
86 (b) Review billing and reimbursement processes and
87 rates for early intervention services in Mississippi and in other
88 states, to ensure a timely receipt of payment to providers;
89 (c) Explore options for an ideal location where early
90 intervention services should be housed to reduce barriers to
91 implementation;
92 (d) Study early intervention service delivery models
93 used in surrounding states, including a university-based hub model

94 and evaluate how this model may impact the training of students
95 and future professionals;
96 (e) Access the efficiency of telemedicine for initial
97 evaluations and therapeutic services deemed clinically
98 appropriate;
99 (f) Explore the benefits of including additional
100 service providers within the early intervention service delivery
101 system;
102 (g) Review the Comprehensive Systems of Personnel
103 Development (CSPD) and the quantity, quality and effectiveness of
104 the early intervention workforce; explore the feasibility of
105 funding a CSPD Coordinator within a state agency to assist in
106 ensuring all early intervention providers meet competencies for
107 serving young children;
108 (h) Explore the feasibility of developing an Office of
109 Early Childhood and provide recommendations on this approach; and
110 (i) Review any other matters related to the above
111 issues or related to early intervention services.
112 (5) The task force may request the assistance of the
113 Mississippi Department of Health, the Social Sciences Research
114 Center at Mississippi State University, the Mississippi Early
115 Learning Alliance or any other related entity or organization with
116 expertise in early intervention services.
117 (6) The members of the task force shall elect a Chair from
118 among the members. The task force shall develop and report its

119 findings and recommendations for proposed legislation to the
120 Legislature and proposed rule changes to the Mississippi
121 Department of Health on or before December 1, 2023. A quorum of
122 the membership shall be required to approve any final report and
123 recommendation. Members of the task force shall be reimbursed for
124 necessary travel expense in the same manner as public employees
125 are reimbursed for official duties from any available funds and
126 members of the Legislature shall be reimbursed in the same manner
127 as for attending out-of-session committee meetings.

128 (7) The Joint Legislative Committee on Performance
129 Evaluation and Expenditure Review shall provide necessary clerical
130 support for the meetings of the task force and the preparation of
131 the report. Proposed legislation shall be prepared by the
132 Legislative Services Offices of the Senate and House as requested.

133 (8) The task force shall be dissolved upon presentation of
134 its report.

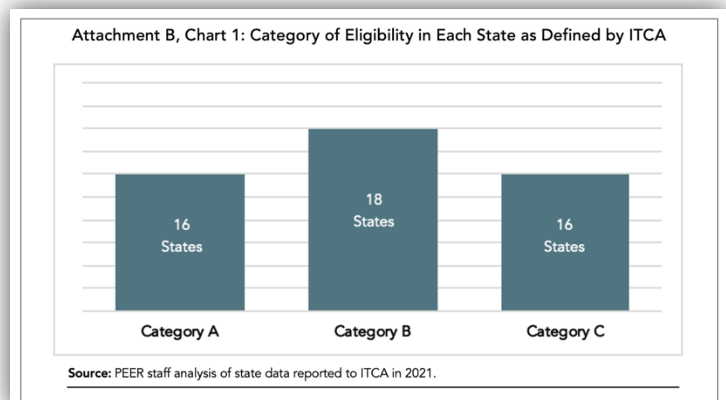
135 **SECTION 2.** This act shall take effect and be in force from
136 and after its passage.

Attachment B: IDEA Part C Categories to Define Developmental Delay in Each State

The IDEA Part C federal statute allows each state to develop its own definition of "developmental delay," which determines the eligibility standards that children must reach in order to receive Part C services. The eligibility standards typically designate a percentage of delay or standard deviation from the mean in one of the five areas of development, i.e., physical, cognitive, communication, social-emotional, or adaptive development. The higher the percentage of delay or standard deviation that a state establishes, the more restrictive the state is in accepting children into the early intervention program. In 2021, ITCA assessed the 50 states' eligibility criteria and organized them into Categories A, B, and C, with Category A being the least restrictive and Category C being the most restrictive. The states self-reported the categorical classification that most closely characterized their eligibility standards based on the parameters established by the ITCA Data Committee in 2010. ITCA defines the categories as follows:

- **Category A**: At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains.
- **Category B**: 25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains, 1.5 standard deviations in any domain, 33% delay in one domain.
- **Category C**: 33% delay in two or more domains, 40% delay in one domain, 50% delay in one domain, 1.5 standard deviations in 2 or more domains, 1.75 standard deviations in one domain, 2 standard deviations in one domain, 2 standard deviations in two or more domains.

Attachment B, Chart 1 on page 63 shows the total number of states with each category of eligibility as defined by ITCA.



Attachment C: List of Nine Other States Reviewed by the Task Force

S.B. 2167 (2023 Regular Session) required the Early Intervention Task Force to review early intervention services (e.g., infrastructure, delivery, billing) provided through IDEA Part C in other states and compare them to the First Steps program. In its role as support to the Task Force, PEER staff reviewed early intervention programs in all 50 states, including:

- infrastructure (e.g., IDEA Part C lead agency, staffing, coordinator position responsibility);
- eligibility requirements and evaluation tools used;
- total funding by source (e.g., federal, state) as of 2022-2023;
- service delivery model and system organization;
- evidence-based practice model(s) implemented (e.g., routines-based, coaching);
- provider structure (e.g., non-profit agencies, government agencies) and funding (e.g., contracts, fees for service);
- number and percentage of children served by EI, birth through 2 years of age (single day count, 2021); and,
- compliance with federal IDEA Part C requirements as determined by the U.S. Department of Education (DOE).

To provide further comparison, PEER staff compiled additional information (e.g., demographics, program eligibility) for nine selected states that either:

- achieve higher program performance than Mississippi;
- implement a hub-style service delivery model; and/or,
- resemble Mississippi's demographics.

To compile this information, PEER staff reviewed each of the state's:

- the federally required annual performance and data report submitted to the U.S. DOE;
- most recent IDEA Part C federal grant application;
- early intervention program website;

- early intervention policies and procedures;
- annual state budget;
- the U.S. DOE IDEA Part C federal grant award; and,
- state profile according to ITCA (i.e., a summary of the state's early intervention program based on the state's response to a voluntary survey in 2023 regarding its early intervention system).

PEER staff included the following nine states in its review:

- **Alabama;**
- **Connecticut;**
- **Massachusetts;**
- **New Hampshire;**
- **New Mexico;**
- **North Carolina;**
- **Rhode Island;**
- **Tennessee; and,**
- **West Virginia.**

Attachment D: Summary of Task Force Meetings

Meeting #1: June 1, 2023

<u>Summary</u>

Task Force members unanimously elected Dr. Susan Buttross to serve as the Chair of the Task Force. Senator Nicole Boyd discussed the importance of the Task Force in studying the state's early intervention program and upholding the mandates of S.B. 2167.

Meeting #2: July 24, 2023

<u>Summary</u>

The Task Force and other early intervention stakeholders presented testimony on the strengths, weaknesses, and concerns with the current state of the early intervention program in Mississippi, including the following topics:

- the importance of early intervention services and some of the resources currently available through the program;
- the role of MSDH in the early intervention program and program goals;
- parent and service provider experiences with the program;
- the importance of addressing equitability and combating disparities in the availability and quality of services;
- the importance of expanding the hiring criteria for early intervention therapists;
- service provider experiences with the program;
- the process for receiving early intervention services in the state and suggestions for improvements to the system;

Meeting #3: August 14, 2023

<u>Summary</u>

The Task Force heard testimony from OSEP staff, Task Force members and advisors, and other early intervention stakeholders regarding the laws pertaining to the early intervention program, research conducted about early intervention in the state, and areas for program improvement. These presentations included the following topics:

- IDEA Part C laws that regulate the state's early intervention program;

- summary of a policy brief released by the Mississippi State University Social Science Resource Center in 2022 that covered the opportunities and challenges facing the First Steps program;
- issues surrounding infant relational and mental health;
- the number of children in Mississippi potentially eligible for early intervention services based on geographic region and demographics; and,
- steps MSDH has taken to improve the early intervention program and areas for continued improvement and forward movement.

Meeting #4: September 5, 2023

Summary

The Chair of the Task Force moderated a discussion with staff from the Tennessee Early Intervention System regarding the early intervention program in Tennessee. The Task Force also heard from MSDH administration about operational updates for the First Steps program and an overview of how the program's billing system could work under a pay and chase model.

Meeting #5: September 26, 2023

Summary

The Task Force heard presentations on the following:

- responses provided by staff from the Alabama Early Intervention System regarding Alabama's early intervention program;
- updates from MSDH on the First Steps program;
- further explanation regarding the pay and chase model; and,
- analysis of the rankings exercise the Task Force completed to prioritize the recommendations it plans to include in its report to the Legislature.

Following these presentations, the Task Force discussed the following issues to consider moving forward:

- receiving national technical assistance to aid with program improvement;
- further researching the pay and chase model and a new service delivery model;
- ensuring collaboration between the First Steps program and other entities including the Mississippi Division of Medicaid (DOM), private insurance companies, the Mississippi Department of Education, and Healthy Moms, Healthy Babies;

- expanding the program's eligibility criteria;
- renewing the Task Force for another year to serve in an advisory capacity;
- ensuring that the Task Force collaborates with other advisory committees in the state that deal with early intervention;
- increasing the training and recruitment of service providers;
- collecting and analyzing data on program performance; and,
- requesting additional funds from the Legislature to support the First Steps program.

During its discussion, the Task Force voted unanimously to add a representative from DOM to serve in an advisory capacity to the Task Force.

Meeting #6: October 16, 2023

Summary

The Task Force heard presentations and held discussion on the following:

- the technical assistance options available for the early intervention program;
- the three primary early intervention service delivery models used throughout the nation;
- an update from MSDH on the First Steps program; and,
- an overview of the outline for the Task Force report.

Task Force members highlighted some of the issues that should be included in the Task Force report, including the need for additional financial resources, coordination between agencies, and the continuation of the Task Force to assist MSDH with program improvements.

Meeting #7: November 6, 2023

Summary

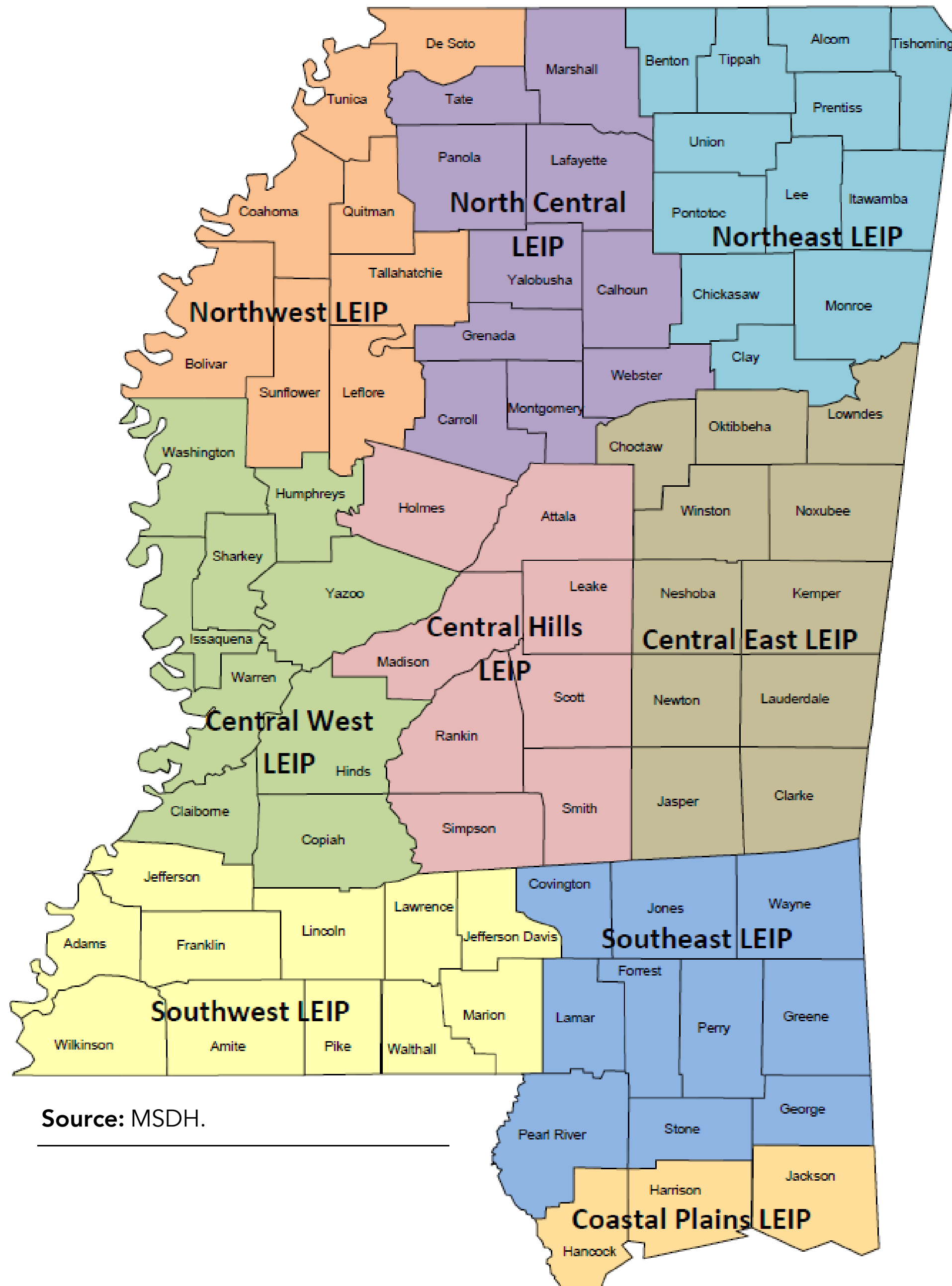
The Task Force met to discuss the draft report to improve the early intervention system in the state, specifically focusing on report findings and recommendations.

Meeting #8: November 27, 2023

Summary

The Task Force met for final approval of the Early Intervention Task Force Report.

Attachment E: Map of the Local Early Intervention Programs (LEIPs) Overseen by MSDH

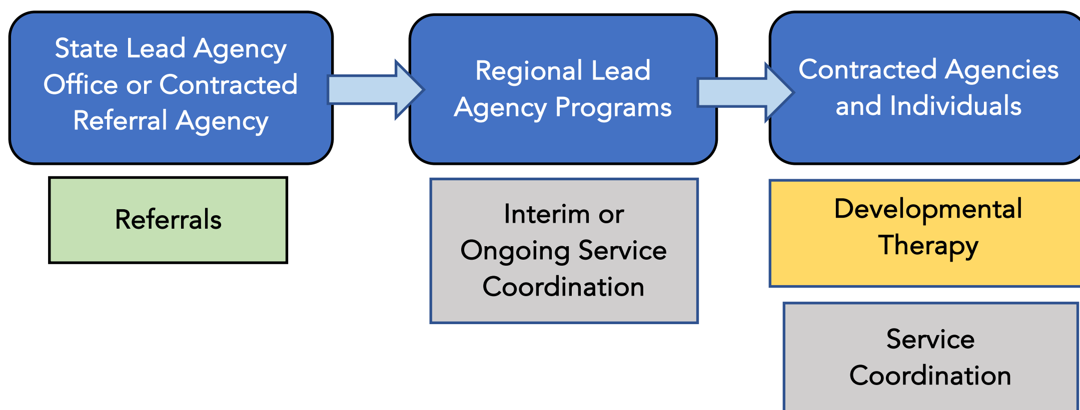


Source: MSDH.

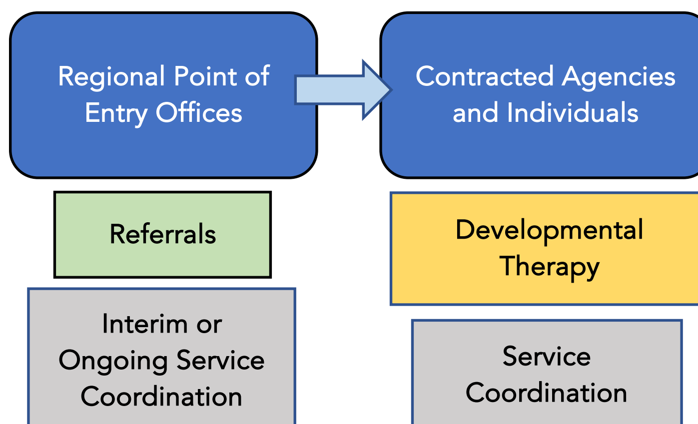
Attachment F: Three Primary Early Intervention Service Delivery Models Utilized by the 50 States

These three model categories were created by PEER staff through a comprehensive review of the 50 states' service delivery models and structures.

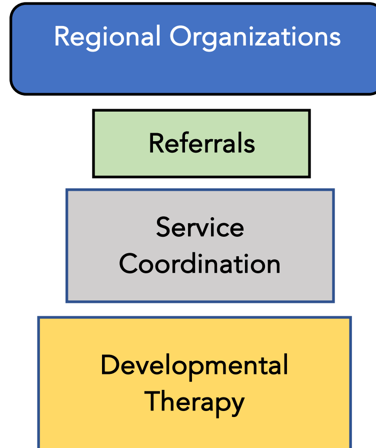
1. **Centralized**
   The state lead agency office or contracted referral agency processes referrals, and the regional lead agency programs provide interim service coordination (e.g., Alabama) or ongoing service coordination (e.g., Mississippi and Tennessee). Contracted agencies and individuals provide developmental therapy and, if applicable, service coordination.



2. **Semi-Centralized**
   Regional point of entry offices process referrals and offer interim service coordination (e.g., West Virginia) or ongoing coordination (e.g., North Carolina). Depending on the state, the regional offices can include local lead agency offices, local school districts, county health departments, non-profit organizations, or a combination of these. Contracted agencies and individuals provide developmental therapy and, if applicable, service coordination.



3. **Decentralized**
   Regional organizations oversee the referral process, service coordination, and developmental therapy (e.g., New Mexico, New Hampshire, Rhode Island, and Massachusetts). Depending on the state, these grantees or contracted organizations can include local school districts, local health departments, non-profit organizations, university-based programs, community boards, or a combination of these.



Source: PEER staff analysis of state's early intervention websites, documents, and/or reports.

Attachment G: Number of Service Providers Contracted with the First Steps Program by County

Mississippi State Department of Health Utilized Early Intervention Service Providers County Coverage*, 2023

Compiled by the Center for Mississippi Health Policy from data supplied by the Mississippi State Department of Health.

Early Intervention Providers

- 1-10
- 11-21
- 22-50

*Numbers represent 283 service providers who serve multiple counties and therefore are counted in each county they service.

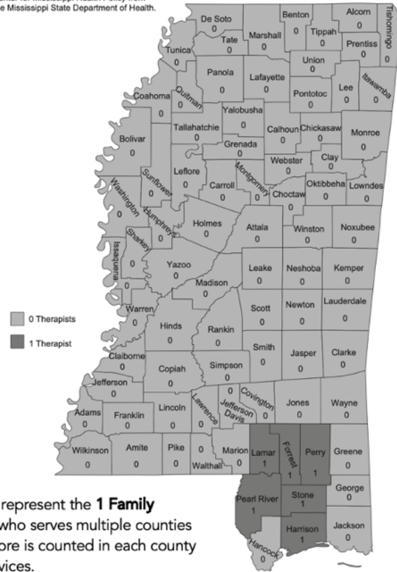
Center *for* Mississippi Health Policy

The Center for Mississippi Health Policy is an independent, non-partisan, non-profit organization that provides objective information to inform health policy decisions. Also available at www.mshealthpolicy.com.

Attachment H: Map of Service Providers Contracted with the First Steps Program by County and Discipline

Mississippi State Department of Health Utilized Family Therapist's County Coverage*, 2023

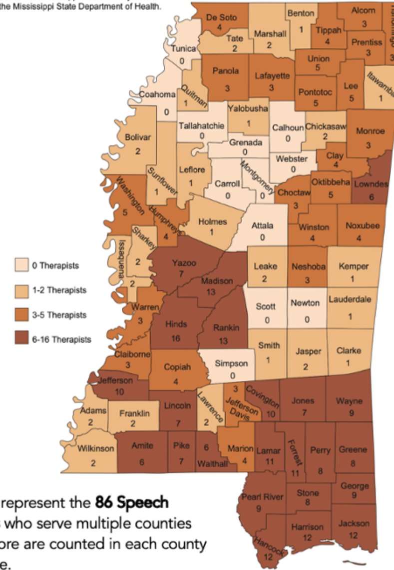
Compiled by the Center for Mississippi Health Policy from data supplied by the Mississippi State Department of Health.



*Numbers represent the **1 Family Therapist** who serves multiple counties and therefore is counted in each county he/she services.

Mississippi State Department of Health Utilized Speech Therapists' County Coverage*, 2023

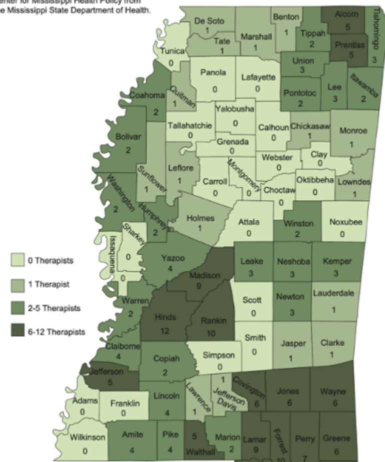
Compiled by the Center for Mississippi Health Policy from data supplied by the Mississippi State Department of Health.



*Numbers represent the **86 Speech Therapists** who serve multiple counties and therefore are counted in each county they service.

Mississippi State Department of Health Utilized Physical Therapists'/ PT Assistants' County Coverage*, 2023

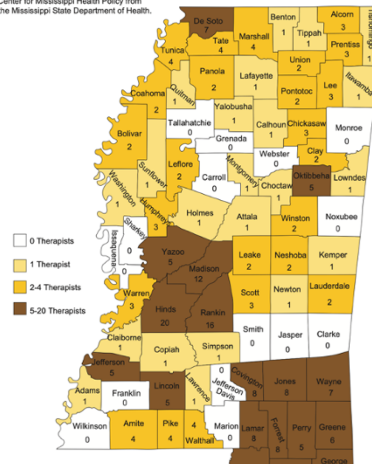
Compiled by the Center for Mississippi Health Policy from data supplied by the Mississippi State Department of Health.



*Numbers represent the **36 Physical Therapists and 11 PT Assistants** who serve multiple counties and therefore are counted in each county they service.

Mississippi State Department of Health Utilized Occupational Therapists' / OT Assistants' County Coverage*, 2023

Compiled by the Center for Mississippi Health Policy from data supplied by the Mississippi State Department of Health.



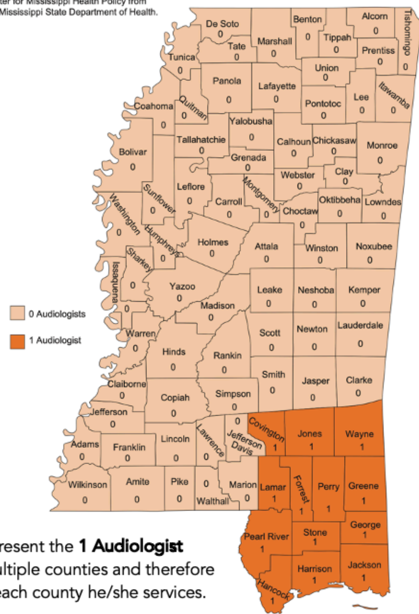
*Numbers represent the **51 Occupational Therapists and 12 OT Assistants** who serve multiple counties and therefore are counted in each county they service.

Center for Mississippi Health Policy

The Center for Mississippi Health Policy is an independent, non-partisan, non-profit organization that provides objective information to inform health policy decisions. Also available at www.mshealthpolicy.com.

Mississippi State Department of Health Utilized Audiologists' County Coverage*, 2023

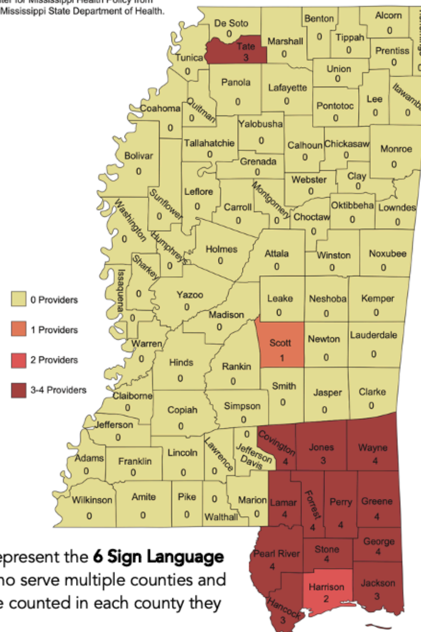
Compiled by the Center for Mississippi Health Policy from data supplied by the Mississippi State Department of Health.



*Numbers represent the **1 Audiologist** who serves multiple counties and therefore is counted in each county he/she services.

Mississippi State Department of Health Utilized Sign Language Providers' County Coverage*, 2023

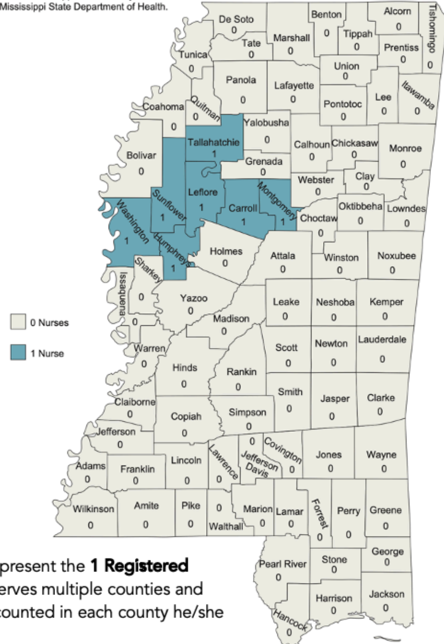
Compiled by the Center for Mississippi Health Policy from data supplied by the Mississippi State Department of Health.



*Numbers represent the **6 Sign Language Providers** who serve multiple counties and therefore are counted in each county they service.

Mississippi State Department of Health Utilized Registered Nurse's County Coverage*, 2023

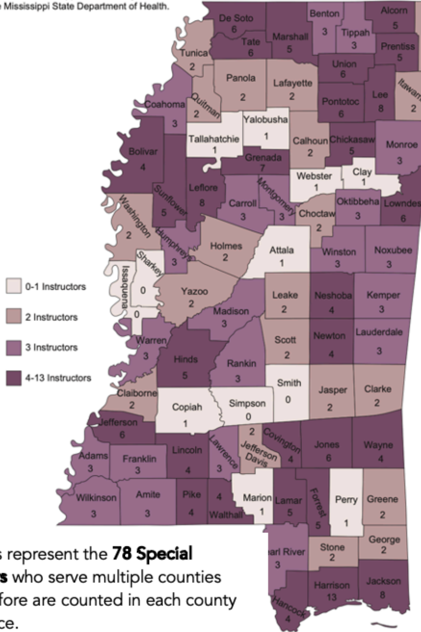
Compiled by the Center for Mississippi Health Policy from data supplied by the Mississippi State Department of Health.



*Numbers represent the **1 Registered Nurse** who serves multiple counties and therefore is counted in each county he/she services.

Mississippi State Department of Health Utilized Special Instructors' County Coverage*, 2023

Compiled by the Center for Mississippi Health Policy from data supplied by the Mississippi State Department of Health.



*Numbers represent the **78 Special Instructors** who serve multiple counties and therefore are counted in each county they service.

The Center for Mississippi Health Policy is an independent, non-partisan, non-profit organization that provides objective information to inform health policy decisions. Also available at www.mshealthpolicy.com.

Attachment I: Draft Legislation Proposed by the Task Force

Proposed Bill to Re-create the Early Intervention Task Force

Mississippi Legislature Regular Session 2024

BY:

BILL

AN ACT TO RE-CREATE THE EARLY INTERVENTION TASK FORCE WHICH DISOLVED IN DECEMBER 2023; TO SET OUT THE TASK FORCE'S DUTIES; TO REQUIRE A TASK FORCE FINAL REPORT; TO REQUIRE THE DEPARTMENT OF HEALTH TO PREPARE AND DELIVER A REPORT TO THE LEGISLATURE: AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISISPPI:

Section 1. (1) To complete the work it commenced in 2023, the Early Intervention Task Force created by Chapter 487, *Laws of 2023*, and dissolved December 1, 2023, is hereby recreated based on its year of study and expertise it brings to the early intervention system, to serve in advisory capacity to assist the Mississippi State Department of Health in implementing a new service delivery model. The goal of the task force shall be to collaborate with the Mississippi State Department of Health to design a new service delivery model and make changes to the Early Intervention Program.

(2) The members of the Task Force shall be as follows:

(a) The Chairmen of the Public Health Committees of the Mississippi Senate and the Mississippi House of Representatives, or his or her designee from their respective committee membership;

(b) The Chairmen of the Appropriations Committees of the Mississippi Senate and the Mississippi House of Representatives, or his or her designee from their respective committee membership;

(c) The Chairmen of the Education Committees of the Mississippi Senate and the Mississippi House of Representatives, or his or her designee from their respective committee membership;

(d) One (1) member of the Mississippi State Senate, to be named by the Lieutenant Governor; and one (1) member of the Mississippi House of Representatives, to be named by the Speaker of the House of Representatives, who are interested in early intervention issues;

(e) The State Health Officer of the Mississippi Department of Health or a designated deputy;

(f) One (1) designee that is a direct service provider in the First Steps Early Intervention Program, to be named by the State Health Officer;

(g) One (1) faculty member from the Social Science Research Center (SSRC) at Mississippi State University, to be named by the Director of the SSRC;

(h) One (1) developmental-behavioral pediatrician with expertise in early childhood systems building, to be named by the Vice Chancellor of the University of Mississippi Medical Center;

(i) One (1) general pediatrician, to be named by the Mississippi Chapter of the American Academy of Pediatrics;

(j) One (1) clinical psychologist with expertise in social-emotional health of infants and toddlers, to be named by the Vice Chancellor of the University of Mississippi Medical Center;

(k) One (1) school psychologist, to be named by the Mississippi Association of Psychologists in the Schools;

(l) One (1) early interventionist/development therapist, to be named by the State Health Officer;

(m) The Executive Director of the Mississippi Early Learning Alliance;

(n) One (1) family advocacy representative to be appointed by the Executive Director of the Mississippi Coalition for Citizens with Disabilities;

(o) One (1) parent representative with current experience with early intervention to be appointed by the Executive Director of the Mississippi Coalition for Citizens with Disabilities;

(p) One (1) faculty member from the College of Health Sciences at Jackson State University, to be named by the president of such university;

(q) One (1) pediatrician, to be named by the Mississippi Region of the National Medical Association;

(r) The Executive Director of the Division of Medicaid, Office of the Governor, or the Executive Director's designee; and

(s) The Director of the State Department of Education's Early Childhood Education Office, or such director's designee.

(3) A faculty member from each of the universities within the institutions of higher learning with an early childhood development program or early intervention program may be named by the president of each university to assist the Task Force. In addition, the Executive Director of the Center for Mississippi Health Policy shall aid the Task Force.

(4) The Task Force shall meet within forty-five (45) days of the effective date of this act and shall commence its responsibilities set out in Subsection 5 of this act.

(5) Specifically, in collaboration with the Mississippi State Department of Health the Task Force shall:

(a) Review billing and reimbursement processes and rates for early intervention services in Mississippi and in other states, to ensure a timely receipt of payment to providers. In performing this function, a recommendation shall be made to the 2025 Legislature on a more efficient system for providing compensation to providers and for billing and collecting from third party payors;

(b) Evaluate early intervention service delivery models, including a hub or hybrid model that could include university participation and determine how this model may impact the training of students and delivery of services to members of the eligible population. In performing this function, a recommendation shall be made to the 2025 Legislature that will offer a service delivery structure to enhance the efficient and effective delivery of quality services to the eligible population, and;

(c) Review any other matters related to the above issues or related to early intervention services.

(6) The Mississippi State Department Health and the Task Force may request the assistance of the Social Science Research Center at Mississippi State University, the Mississippi Early Learning Alliance, or any other related entity or organization with expertise in early intervention services.

(7) The members of the Task Force shall elect a Chair from among the members. The Task Force shall develop and report its findings and recommendations for proposed legislation to the Legislature in response to the Mississippi State Department of Health's proposal to make changes to the service delivery structure for the program and changes to the way the state pays service providers and recoups payments from third-party payors, which is due to the Task Force and Legislature by December 1, 2024. A quorum of the membership shall be required to approve any final report and recommendation. Members of the Task Force shall be reimbursed for necessary travel expense in the same manner as public employees are reimbursed for official duties from any available funds and members of the Legislature shall be reimbursed in the same manner as for attending out-of-session committee meetings.

(8) The Joint Legislative Committee on Performance Evaluation and Expenditure Review shall provide necessary clerical support for the meetings of the Task Force and research support as needed for the preparation of the report. Proposed legislation shall be prepared by the Legislative Services Offices of the Senate and House as requested.

(9) The Task Force shall be dissolved upon presentation of its report.

Section 2. Section 41-87-9, Mississippi Code of 1972, is amended as follows:

~~§ 41-87-9. Minimum components of statewide system of programs providing early intervention services; council to establish plan~~

(1) A statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to all eligible infants and toddlers and their families, including eligible Indian infants and toddlers and their families on reservations, shall include the following minimum components:

(a) Eligibility criteria and procedures including a definition of the term "developmentally delayed" that will be used by the state in carrying out programs under this chapter;

(b) Timetables for ensuring that appropriate early intervention services will be available to all eligible children in the state, including Indian infants and toddlers on reservations;

(c) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant and toddler with a disability in the state, and a family-directed assessment of the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability;

(d) For each eligible child, an individualized family service plan including service coordination (case management) services in accordance with such service plan. The individualized family services plan shall be in writing, done in accordance with Part C regulations, and contain a statement of the natural environments in which early intervention services shall appropriately be provided, as well as all components listed in the Part C regulations;

(e) A comprehensive interagency child find system that includes a system for making referrals to service providers that includes timelines and provides for participation by primary referral sources;

(f) A public awareness program focusing on early identification of infants and toddlers with disabilities, including preparation and dissemination by the lead agency to all primary referral sources of information materials for parents on the availability of early intervention services, and procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate information on the availability of early intervention services to parents of infants with disabilities;

(g) A central directory which includes early intervention services, resources and experts available in the state and research and demonstration projects being conducted in the state;

(h) A comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources respecting the basic components of early intervention services available in the state, that is consistent with the comprehensive system of personnel development described in Part B of IDEA and that may include:

(i) Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;

(ii) Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this chapter;

(iii) Training personnel to work in rural areas; and

(iv) Training personnel to coordinate transition services for infants and toddlers with disabilities from an early intervention program in the early intervention system to a preschool program under Section 619 of IDEA;

(i) A single line of responsibility in the lead agency for carrying out:

(i) The general administration and supervision of programs and activities receiving assistance under Part C of IDEA, and the monitoring of programs and activities used by the state to carry out this chapter, whether or not such programs or activities are receiving assistance made available under Part C, to ensure that the state complies with Part C;

(ii) The identification and coordination of all available resources within the state from federal, state, local and private sources;

(iii) The assignment of financial responsibility in accordance with state and federal law to the appropriate agencies;

(iv) The development of procedures to ensure that services are provided to infants and toddlers with disabilities and their families in a timely manner pending the resolution of any disputes among public agencies or service providers;

(v) The resolution of intra- and interagency disputes; and

(vi) The entry into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention services (consistent with state law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination;

(j) A policy pertaining to contracting or making arrangements with service providers to provide early intervention services in the state as a part of the early intervention system in accordance with state law, state regulation and Part C of IDEA;

(k) A procedure for timely reimbursement of funds used in accordance with Section 41-87-15;

(l) Procedural safeguards with respect for programs participating in the early intervention system;

(m) Policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to implement the early intervention system are adequately and appropriately prepared and trained including:

(i) The establishment and maintenance of standards which are consistent with any state-approved or recognized certification, licensing, registration or other comparable requirements which apply to the area in which such personnel are providing early intervention services; and

(ii) To the extent such standards are not based on the highest requirements of the state applicable to a specific profession or discipline, the steps the state is taking to require the retraining or hiring of personnel that meet appropriate professional requirements in the state;

(n) A system for compiling data on the number of infants and toddlers with disabilities and their families in the state in need of appropriate early intervention services, the numbers of such infants and toddlers and their families served, the types of services provided, and other information required by the U.S. Secretary of Education, or state regulation.

(2) By December 1, 2024, the Mississippi State Department of Health shall prepare and deliver to the Mississippi Legislature and Early Intervention Task Force a plan for service delivery of IDEA part C services that shall:

(a) Recommend to the Legislature a more efficient system for providing compensation to providers and for billing and collecting from third party payors;

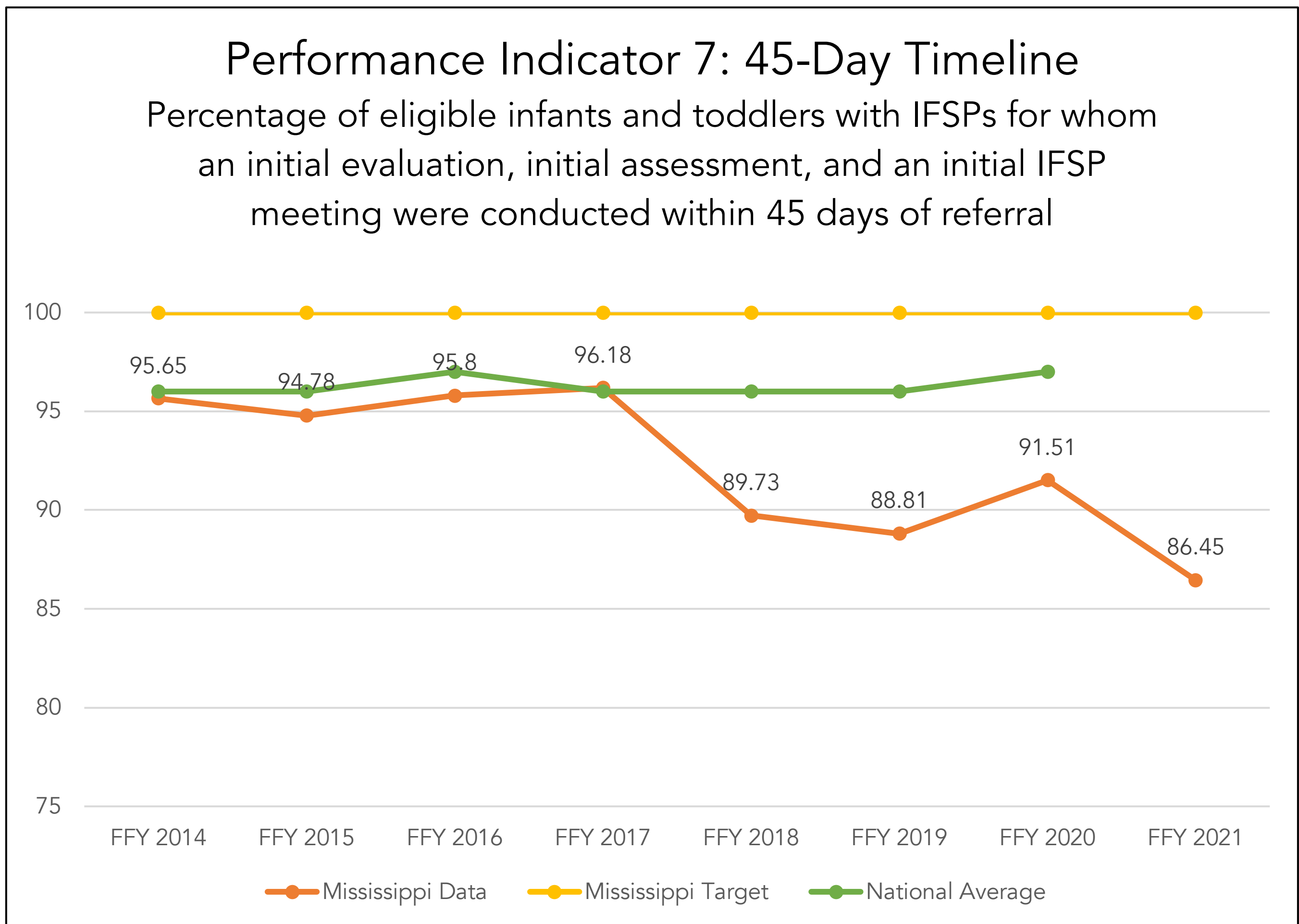
(b) Recommend a service delivery model which may include a hub or hybrid model that could include university participation and evaluate how this model may impact the training of students and delivery of services to members of the eligible population.

(c) In performing these functions, the Department shall collaborate with the Early Intervention Task Force in developing the recommendations required by this subsection.

Source: ~~Laws, 1990, ch. 554, § 5; Laws, 1993, ch. 424, § 4; Laws, 2001, ch. 392, §3, eff. 7/1/2001.~~
~~Miss. Code § 41-87-9 Minimum components of statewide system of programs providing early intervention services; council to establish plan (Mississippi Code (2023 Edition))~~

Section 3. This act shall take effect and be in force from and after its passage.

Attachment J: Percentage of Eligible Infants and Toddlers Provided Services within 45 Days of Referral

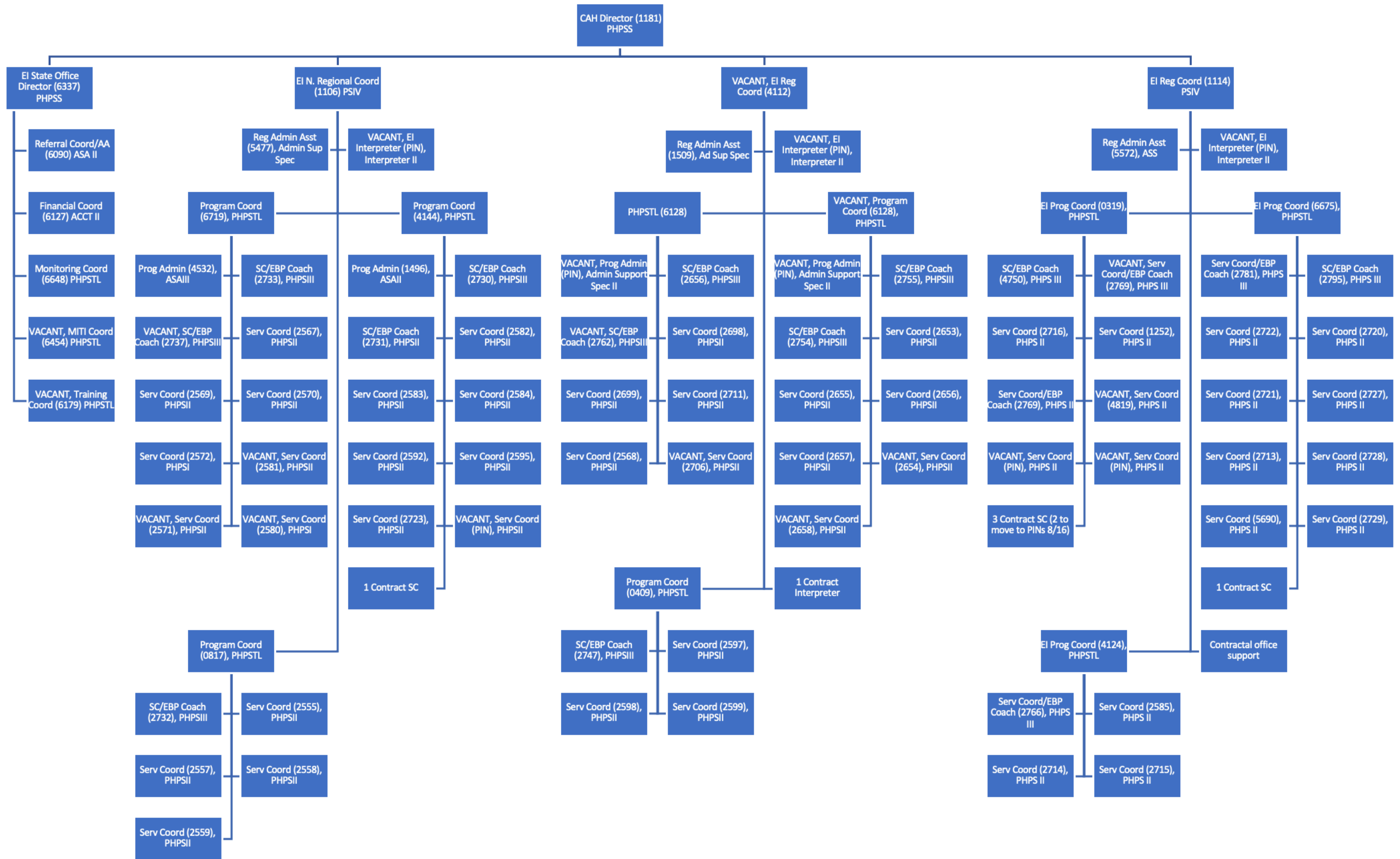


From FFY 2014 to FFY 2021, Mississippi has decreased by nearly 10% in the percentage of eligible infants and toddlers with IFSPs for whom an initial evaluation, assessment, and IFSP meeting were conducted within Part C's 45-day timeline. The state did not meet its target for any of the years under review, and it performed below the national average for each year under review except for FFY 2017.

*The state must set the targets for Indicator 7 at 100%.

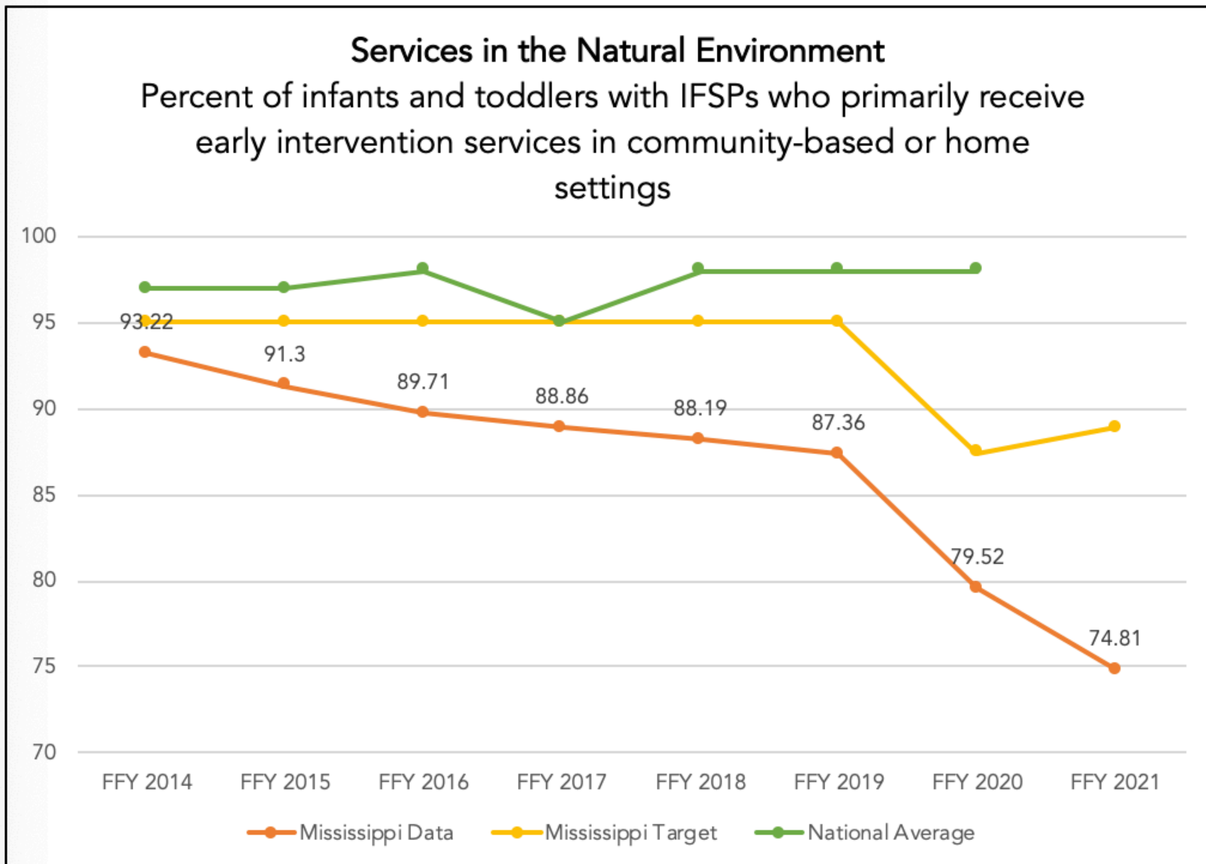
Source: PEER staff analysis of data from federal performance indicators reported by each state and published by the Early Childhood Technical Assistance Center.

Attachment K: Organization Chart for the First Steps Program



Source: MSDH.

Attachment L: Percentage of Children Receiving Services in the Natural Environment



From FFY 2014 to FFY 2021, Mississippi has decreased by nearly 20% in the percentage of infants and toddlers who primarily receive early intervention services in the natural environment. The state has not met its target and has fallen below the national average each of the years under review.

Note: The Mississippi First Steps Early Intervention Program (MSFSEIP) and the State Interagency Coordinating Council (SICC) set the state's targets for the percentage of children served in the natural environment.

Source: PEER staff analysis of data from federal performance indicators reported by each state and published by the Early Childhood Technical Assistance Center.