



Mississippi IDEA Part C - Early Intervention Task Force

Summary of Report Findings and Recommendations

December 1, 2023

The following is a summary of the Early Intervention Task Force's report findings and recommendations to the Mississippi Legislature and Mississippi State Department of Health (MSDH).

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. (Page 19)

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.

Recommended Action(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.
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. (Page 23)

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.

Recommended Action(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.
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.

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. (Page 27)

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.

Recommended Action(s)

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.
2. Utilizing the financial projections and benefits provided by MSDH, 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.

Finding #4: MSDH and the Mississippi Division of Medicaid (MDOM) should work together to improve coordination with the process of billing and counting children receiving early intervention services. (Page 30)

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

Recommended Action(s)

1. MSDH should work with MDOM 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 MDOM that would deal directly with early intervention claims.
2. MSDH and MDOM 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. (Page 32)

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.

Recommended Action(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. (Page 37)

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.

Recommended Action(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 SICCC 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. (Page 43)

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.

Recommended Action(s)

1. MSDH, with the assistance of SICCC, 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 SICCC, 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. (Page 46)

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.

Recommended Action(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. (Page 48)

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.

Recommended Action(s)

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.

Additional Recommendation

The Task Force believes legislation is needed to ensure that the recommendations in this report are implemented and program improvements are made. (Page 55)

Recommended Action(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.