

# The 2024 Mississippi IDEA Part C Early Intervention Task Force

Report and Recommendations

To the Legislature and Mississippi State  
Department of Health as required by  
Section 2 of Senate Bill 2727, Laws of 2024



Report Date: October 29, 2024

---



## Mississippi IDEA Part C - Early Intervention Task Force

---

Dr. Susan Buttross, Chair

December 1, 2023

Dear Members of the Mississippi State Legislature:

The earliest years of our children's lives set the stage for Mississippi's future. Children from birth to age three are in a rapid brain-growing phase, making connections and building pathways that last a lifetime. These first years of life are a time that it is easiest to remediate any delay in speech or motor issues and set social emotional and relational health in the right direction. A robust Early Intervention Program is a must for young children with developmental or behavioral delays so that problems are addressed early.

In 2023, the Legislature created the Early Intervention Task Force (EITF) to study the state's IDEA Part C Early Intervention (EI) Program. During that year, the experts and knowledgeable individuals comprising the task force investigated the issues that plagued the program for many years. The EITF met and received written and verbal testimony from many, spent countless hours looking at models from other states, and met with leaders of the Mississippi State Department of Health (MSDH). The culmination of this extensive work resulted in a report, the 2023 EITF Report, released on December 1, 2023, which documented underperforming areas of the program and where there were opportunities for improvements. The report included nine findings and numerous recommendations, such as the need to implement a different infrastructure and model for delivering EI services; devise a new billing system to ensure service providers are reimbursed in a timely manner; provide stronger communication and coordination; improve recruitment procedures, referral processes, and training; and ensure services are provided in the child's natural environment. Further, the EITF reported that in order to ensure program improvement and serve as many families of young children with delays or disabilities as possible, additional funding and resources are needed to support the program.

At the conclusion of the EITF's work in 2023, it was clear that more work was needed to be completed, and MSDH needed the expert help of the members of the EITF to help

plan for and implement the changes recommended in the report. Therefore, during its 2024 Legislative Session, the Legislature reconstituted the EITF to collaborate with MSDH staff to devise a specific plan for restructuring its EI program, First Steps. The EITF is grateful for the opportunity it had to further study the details of how restructuring the program might best work to improve this very important program in the state of Mississippi.

The EITF supports MSDH as the lead agency for the EI program. Centralized monitoring of the program is needed by a state agency such as MSDH. However, centralization of services may sometimes lead to delays in the services and lack of understanding of the regional differences in the landscape across our state. Therefore, our group sought to address these issues. Because the timeline to help devise a restructuring plan was short, the group divided into four workgroups: Delivery Model, Training, Billing, and Quality Control. Each group was led by highly qualified individuals and all team members had expertise in the area in which they contributed.

I believe the data collection and research from last year's work, which resulted in the 2023 report, has helped produce the valuable recommendations in the 2024 EITF Report which follows. I can say with certainty that the hard work and dedication of all of the task force members, our expert advisors, the collaboration and communication with MSDH staff, and the excellent support of the Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER) have yielded a document that lays out a plan that will be the foundation for a more successful and robust EI program that, if funded and implemented, will form the basis of a healthier, happier, and more successful future for Mississippi. Now, we must be sure that the many hours of work that have been spent on making recommendations are not lost. We must have continued follow-up and oversight of this program that is truly the key to Mississippi's future.

A handwritten signature in dark ink, appearing to read "Susan Buttross". The signature is fluid and cursive, with a large initial "S" and "B".

---

Dr. Susan Buttross, M.D., FAAP  
Task Force Chair



MISSISSIPPI STATE DEPARTMENT OF HEALTH

December 1, 2024

Dear Members of the Mississippi Legislature:

I write to you on behalf of the Mississippi State Department of Health to express our deep appreciation for the diligent work of the Early Intervention Task Force. The task force's recommendations will significantly strengthen the Part C Early Intervention Program in Mississippi. As a physician, grandfather, and task force member, this work holds immense personal and professional importance for me and our agency.

This year, the task force has aggressively focused on breaking down traditional barriers through strategic workgroups concentrating on the service delivery model, billing, quality control, and training/professional development. These efforts will significantly assist MSDH in implementing crucial recommendations to drive the Part C Early Intervention Program forward.

Having identified systemic challenges within the Part C Early Intervention Program in its first year, the task force has been unwavering in its second year in its commitment to finding robust solutions. As the lead agency for the Part C Early Intervention Program, it is now the responsibility of the Mississippi State Department of Health to swiftly put these solutions into action.

We are resolute in our determination to work collaboratively with our task force partners and the Office of Special Education Programs (OSEP) to elevate early intervention services for children and families in Mississippi. We wholeheartedly support early intervention and its focus on collaboration and firmly assert that early intervention leads to vastly improved educational, social, and health outcomes for Mississippians.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel P. Edney".

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

# Report Contents

<b>Appointed Task Force Members and Advisors</b> .....	1
<b>Summary of Previous Task Force Report</b> .....	4
<b>Recent Efforts Made to Improve First Steps</b> .....	5
<b>Authority/Purpose of the 2024 Task Force</b> .....	6
<b>Methods and Procedures of the Task Force</b> .....	7
<b>The Importance of Investing in EI Programs</b> .....	9
<b>2024 Report Recommendations to Address the Issues Identified by the EITF in 2023</b> .....	10
General Operations and Management of First Steps .....	10
New Implementation and Service Delivery Model .....	13
Improved Billing and Reimbursement Model .....	16
<b>Conclusion</b> .....	19
<b>Report Appendices</b> .....	20
Appendix A: EITF Workgroup Members .....	20
Appendix B: Glossary of Terms .....	22
Appendix C: Technical Guidance for First Steps EIC Model .....	25
Appendix D: Recommendations on MSDH Request for Proposals (RFPs) for EICs .....	29
Appendix E: Medical Billing Process .....	33
Appendix F: MSDH’s Additional Efforts to Improve First Steps.....	34
Appendix G: EITF Meeting Minutes.....	35

# Appointed Task Force Members and Advisors

Section 2 of Senate Bill 2727, 2024 Regular Session, reconstituted the Early Intervention Task Force (EITF) to assist and collaborate with the Mississippi State Department of Health (MSDH) in designing a new service delivery model and making changes to the early intervention (EI) program. The 23-member task force is composed of members from the Legislature, state agencies, and professional/advocacy organizations. Additionally, the task force consisted of eight advisors appointed by the Institutions of Higher Learning (IHL) and one advisor from the Center for Mississippi Health Policy. Further, as required by the Senate Bill, staff of the Joint Legislative Committee on Performance Evaluation and Expenditure Review (PEER) provided clerical support for the meetings and research support as needed for the preparation of the report.

---

## Members

### **Susan Buttross, M.D. FAAP, Task Force Chair**

Professor of Pediatrics, Department of Pediatrics, University of Mississippi Medical Center  
Appointed by the Vice Chancellor of the University of Mississippi Medical Center

### **Yalanda Barner, DrPH**

Assistant Professor of Health Policy and Management in the College of Health Sciences,  
Jackson State University  
Appointed by the President of Jackson State University

### **Senator Nicole Boyd, District 9**

Chairwoman of the Senate Universities & Colleges Committee  
Appointed by the Lieutenant Governor

### **Senator Hob Bryan, District 7**

Chairman of the Senate Public Health and Welfare Committee

### **Tracy Buchanan, R.N.**

Deputy Administrator of Health Services, Mississippi Division of Medicaid  
Designated by the Executive Director of the Division of Medicaid

### **Randi Carter**

Parent Representative, Mississippi Coalition for Citizens with Disabilities  
Appointed by the Executive Director of the Mississippi Coalition for Citizens with Disabilities

### **Representative Sam Creekmore IV, District 14**

Chairman of the House Public Health and Human Services Committee

### **Daniel Edney, M.D.**

State Health Officer, Mississippi State Department of Health

**Tanya Fitts, M.D.**

Pediatrician and owner of the Lafayette Pediatric Clinic  
Appointed by the Mississippi Chapter of the American Academy of Pediatrics

**Kasee Stratton-Gadke, Ph.D.**

Executive Director, Mississippi Institute on Disabilities, Mississippi State University  
Appointed by the Mississippi State Health Officer

**Heather Hanna, Ph.D.**

Associate Research Professor at the Social Science Research Center, Mississippi State University  
Appointed by the Director of the Social Science Research Center, Mississippi State University

**Biz Harris**

Executive Director, Mississippi Early Learning Alliance

**Ashton Hotard**

Speech Language Pathologist and Director of Jubilee Therapy, LLC  
Appointed by the Mississippi State Health Officer

**Leslie Junkin**

Project Director, Mississippi Parent Training and Information Center  
Appointed by the Executive Director of the Mississippi Coalition for Citizens with Disabilities

**Representative Kent McCarty, District 101**

Vice-Chairman of the House Education Committee  
Appointed by the Speaker of the Mississippi House of Representatives

**Representative Karl Oliver, District 46**

Chairman of the House Appropriations E – Committee

**Senator David Parker, District 2**

Chairman of the Senate Accountability, Transparency, Efficiency Committee  
Proxy to Senator Dennis DeBar, Jr., Chairman of the Senate Education Committee

**Denise Elaine Powell, M.D.**

Pediatrician  
Appointed by the Mississippi Region of the National Medical Association

**Representative Rob Roberson, District 43**

Chairman of the House Education Committee

**Senator Robin Robinson, District 42**

Vice-Chairwoman of the Senate Tourism Committee  
Proxy to Representative Briggs Hopson, Chairman of the Senate Appropriations Committee

**Candice Taylor**

Early Childhood Special Education Supervisor, Mississippi Department of Education  
Designated by the Director of the Department of Education’s Early Childhood Education Office

**Courtney Walker, Ph.D.**

Associate Professor, Director, Child Health and Development Promotion Fellowship, Department of Psychiatry and Human Behavior – Division of Psychology, Department of Pediatrics – Division of Child Development, University of Mississippi Medical Center  
Appointed by the Vice Chancellor of the University of Mississippi Medical Center

**Tricia Wilson**

School Psychologist, Pascagoula-Gautier School District  
Appointed by the Mississippi Association for Psychology in the Schools

**Advisors**

**Mitchell Adcock**

Executive Director of the Center for Mississippi Health Policy

**Kanesha Bennett, Ed.D**

Assistant Professor of Elementary and Early Childhood Education, Jackson State University

**LaShundia Carson, Ed.D.**

Dean, School of Education, Alcorn State University

**Katie Cassady, OTD**

Assistant Professor, School of Health-Related Professions, Department of Occupational Therapy, University of Mississippi Medical Center

**Georgia Graham**

Professor of Early Childhood Development, Director of The Child and Parent Development Center, Mississippi University for Women

**Sarah Myers, M.S., CCC-SLP**

Director of The Children’s Center for Communication and Development, University of Southern Mississippi

**Julie C. Parker, Ph.D., CCLS**

Professor in the School of Human Sciences, Mississippi State University

**Candace Carter-Stevens, Ph.D.**

Assistant Professor of Mathematics, Mississippi Valley State University

**Kenya E. Wolff, Ph.D.**

Associate Professor of Early Childhood Education, University of Mississippi

Refer to Appendix A on page 20 for a list of other EI experts invited to participate in workgroups created by the EITF chair to further study EI and commence recommendations.



## Summary of the 2023 Task Force Report

### Background

**IDEA Part C** authorizes each state to implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides **El services** to infants and toddlers with disabilities and their families. This includes children from birth to three years of age.

The Governor appointed MSDH as the lead agency responsible for administering and overseeing the state's early intervention program, **First Steps**. To assist MSDH, the **State Interagency Coordinating Council (SICC)** provides interagency coordination and advisory functions for the effective implementation of the program.

While studies have shown that an estimated 13% of Mississippi's children, birth to age three, have developmental delays that make them potentially eligible for Part C services, in 2022 MSDH only served 1.61% of the eligible population. At minimum, MSDH should set its standard of providing services at the national average, which was 4.27% in 2022 (most recent year of available federal data).

During the 2023 Regular Session, the Mississippi Legislature established the EITF to review the state's EI program and make recommendations to the Legislature and MSDH. Through its review, the EITF reported:

- low enrollment in the program;
- outdated policies and processes that cause delays in services;
- inconsistent, inefficient, and limited billing and reimbursement processes;
- pediatric provider distrust of the program's ability to serve patients expeditiously;
- lack of education and resources;
- inconsistent communication and coordination throughout the program; and,
- a poor compliance rating from the U.S. Department of Education in June 2023 (i.e., a determination status of "needs intervention").

On December 1, 2023, the EITF recommended that MSDH, with the help of the task force, create a plan to implement a different infrastructure and model for delivering EI services, including a plan to improve its billing and reimbursement processes and a financial plan with cost projections of resources needed for the program. The EITF recommended that MSDH provide this plan to the Legislature for approval and consideration of increased appropriations. Further, the EITF recommended that MSDH improve its policies, procedures, and processes for First Steps, including but not limited to: referrals, recruitment, development, and retention of highly qualified personnel and

service providers, outreach, education and community awareness, and ensuring services are provided in the natural environment.

A copy of the EITF's 2023 full report and recommendations can be found on MSDH's website at: <https://msdh.ms.gov/page/resources/20211.pdf>.

## Recent Efforts Made to Improve First Steps

Since the release of the first EITF report in December 2023, many efforts have been made to improve the operations and management of First Steps. These efforts include but are not limited to:

- **Hiring a dedicated Part C Coordinator:** To strengthen personnel support and coordination to ensure better outcomes for families and children in the program, a significant advancement has been the hiring of a dedicated Part C Coordinator, who is responsible for overseeing quality programming and ensuring alignment with federal and state regulations.
- **Hiring a Comprehensive System of Personnel Development (CSPD) Coordinator:** The Mississippi Department of Education (MDE) hired a CSPD Coordinator. The coordinator position is responsible for collaborating with First Steps to ensure that EI personnel receive consistent guidance and access to professional development opportunities. The CSPD Coordinator's involvement is further solidified through regular participation in SICC personnel preparation meetings. To facilitate direct support for EI providers, the CSPD Coordinator will also hold office hours for two hours each week. This dedicated time will allow for ongoing communication, support, and guidance for providers, fostering a more responsive and supportive environment for those delivering EI services.
- **Workforce expansion:** There have been new personnel hired for both MSDH's central office and for direct service provision. For example, MSDH is in the process of hiring additional staff to address various segments of the EI program, including the processing of provider payments, training, outreach, and data tracking. These additions are expected to help address existing gaps in service delivery and ensure that more families have access to timely and effective EI services.
- **Implementing EI credential training:** MSDH has implemented **EI credential training** to enhance the skills of service providers. The goal is to make this training

a **mandatory** part of the onboarding process. Currently, there is no mechanism in place to require participation in this training for all service providers.

- **Pursuing Technical Assistance:** MSDH has received technical assistance from multiple partners, including the Early Childhood Technical Assistance Center (ECTA), the Center for Mississippi Health Policy, Mississippi State University, the University of Denver, and the Children’s Foundation of Mississippi to determine how to implement programmatic and funding improvements.
- **Researching Software Improvements:** MSDH has begun performing market research for new data systems to address concerns with the current Mississippi Infant Toddler Intervention (MITI) database. In the meantime, MSDH staff has pursued upgrades to the MITI system.
- **Collaboration with Medicaid:** MSDH staff has met with staff of the Mississippi Division of Medicaid (DOM) to discuss authorizing EI billing codes and improvements to the billing process.
- **Modernizing the Referral Process:** MSDH is in the process of implementing an online referral form to improve the ease of access and speed of referral processing.
- **Enhancing Training Opportunities:** MSDH is establishing a training and education plan to improve referral processes, outreach to childcare staff, transition to IDEA Part B, and other areas of the program. MSDH is also working on transitioning MITI training to the HealthStream software platform to provide an asynchronous training option.

## Authority/Purpose of the 2024 Task Force

The Mississippi Legislature passed S.B. 2727 during its 2024 Regular Session. Section 2 of the bill reconstituted the EITF to complete the work it commenced in 2023, to serve in an advisory capacity to assist and collaborate with MSDH in restructuring and making changes to the EI program, First Steps, including recommending:

- a new service delivery model, which could include a hub or hybrid model involving university participation; and,
- a new billing and reimbursement process to ensure a more efficient system for providing compensation to providers and for billing and collecting from third-party payors.

To fulfill its goal, S.B. 2727 required that the EITF issue a report with its findings and recommendations by December 1, 2024. The findings and recommendations in this

report have been prepared by the EITF, in collaboration with MSDH, to meet this requirement.

A copy of S.B. 2727 can be found on the Legislature’s website:  
<https://billstatus.ls.state.ms.us/documents/2024/pdf/SB/2700-2799/SB2727SG.pdf>

## Methods and Procedures of the Task Force

The EITF held four meetings from June to October 2024 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 broadcast through the Mississippi Senate’s YouTube channel. An archive of most of the meetings can be found online at: <https://www.youtube.com/@MississippiLegislature/featured>.

In order to complete its review and develop its recommendations, the EITF formed four workgroups from among its members and advisors to address the following areas:

- a new implementation and service delivery model;
- billing system and financial resources;
- quality control and First Steps oversight; and,
- training, recruitment, and other emerging issues.

The Chair assigned each member and advisor to a workgroup and appointed a chair and advisor to be responsible for leading and supporting each group. The workgroups were allowed to invite other EI experts outside of the task force to assist in completing the review. To address its assigned focus area and to develop recommendations based on its findings, each workgroup held multiple virtual meetings, with the implementation and service delivery model workgroup also conducting two in-person meetings. Each workgroup provided periodic updates on their progress to the full EITF.

Refer to Appendix A on page 20 for a list of workgroup participants, including those appointed as a chair or lead advisor, and other EI experts invited to participate.

Throughout the review and evaluation process, the workgroups, with assistance from PEER staff:

- reviewed the recommendations from the 2023 EITF report;
- received regular updates from MSDH staff about internal improvement efforts and progress toward implementing the 2023 EITF report recommendations;

- heard testimony about the implementation and results of the EI pilot program conducted through [Mississippi State University's T.K. Martin Center](#);
- received technical assistance from the federal [Office of Special Education Programs \(OSEP\)](#) staff regarding federal regulations and the implementation of a new service delivery model;
- reviewed the main implementation service delivery models utilized in other states;
- analyzed existing and potential program capacity across Mississippi, including the availability of therapy services, the integration of public university resources, and the consideration of county-level population numbers for children in Mississippi from birth to age three;
- requested and reviewed data from MSDH, including staffing information, the number of children in the program, and the number and types of services provided through the program; and,
- requested and received third-party contract information from three states (i.e., Connecticut, Indiana, and Missouri) that utilize a centralized billing contractor for their EI program.

This report reflects the combined efforts and recommendations proposed by the individual workgroups and approved by the full EITF. The report is divided into three sections:

- general operations and management of First Steps;
- new implementation and service delivery model; and,
- improved billing and reimbursement model.

Each section of the report provides a brief summary of the recommendations and how the recommended changes will improve services and program compliance.

For more detailed recommendations, refer to the EITF chart attached to this report. This document provides recommendations for MSDH, entities responsible for providing EI services, and the Mississippi Legislature. The chart is organized by report section, including area of improvement, goal of recommendations, and forward movement by MSDH. The chart also includes a timeline for implementing recommendations and a place for MSDH to provide cost estimates. The EITF believes MSDH will be able to use this report and the chart of recommendations as a guide for implementing a new model, improving billing processes, and improving the program to better serve families and their children, birth to age three. Further, the EITF notes that these recommendations and this model will only be as good as the relationships and communications that are developed to support it.

While the EITF would like to provide cost estimates for the recommendations and proposed changes to improve the EI program, the task force believes MSDH, as the lead agency, will need to determine the resources and additional funding needed to support the program. MSDH should use the report as a guide for identifying areas of need, creating a business plan, and providing the information to the Legislature. Preferably, this information should be provided to the Legislature during its 2025 Regular Session. However, the EITF recognizes that MSDH may need additional time to ensure high-quality and accurate information is provided.

## The Importance of Investing in EI Programs

According to Zero to Three,<sup>1</sup> early identification and intervention for children with developmental delays or disabilities can improve cognitive and social skills, lead to higher achievement and greater independence, and promote family competence and well-being. One national study of infants and toddlers who participated in EI found that roughly one-third of those young children did not have a disability when entering kindergarten and did not require special education services, which are often more intensive and costly to the state and families than EI services and programs.

A 2022 study found that if Mississippi met the national average of children served by IDEA Part C services, Mississippi would save \$3,543,552 in special education costs in one year. Five years of avoided special education costs would save \$17,717,760. These savings are just those associated with avoided special education services; they do not include additional long-term savings due to the other benefits of the program.<sup>2</sup>

As noted by the Frameworks Institute, “The structure of our brains as they develop in early childhood is determined by more than just our genes. The experiences we have in the first years of our lives also affect the physical architecture of the developing brain. Just as a house needs a sturdy foundation to support the walls and roof, a brain needs a good base to support all future development.”<sup>3</sup>

The determination of Mississippi’s future growth and success will be the degree to which adults invest in its children’s health and development. “Once the architecture is built,

---

<sup>1</sup> Zero to Three is a national nonprofit organization that provides resources and support to promote the health and development of infants and toddlers.

<sup>2</sup> Mendez, G.R., Hanna, H., & Stubbs-Richardson, M. (2022). Policy Brief: First Steps Early Intervention Program in Mississippi. Produced by the Social Science Research Center for the Health Resources and Services Administration-funded Mississippi Thrive! Child Health Development Project.

<sup>3</sup> The Frameworks Institute. (August 2024). *Reframing Early Childhood to Strengthen Systems That Impact Children and Families*. Accessed October 24, 2024 at [https://www.frameworksinstitute.org/wp-content/uploads/2024/08/FWI\\_United-Way-Greater-Cincinnati-Toolkit\\_FINAL.pdf](https://www.frameworksinstitute.org/wp-content/uploads/2024/08/FWI_United-Way-Greater-Cincinnati-Toolkit_FINAL.pdf)

repairs to the foundation are more costly. That’s one reason why investments in the early childhood ecosystem make the most sense (Frameworks Institute, 2024).”

## 2024 Report Recommendations to Address the Issues Identified by the EITF in 2023

### General Operations and Management of First Steps

This section of the report combines the work of all four workgroups, but specifically highlights recommendations from the Training, Recruitment and Other Emerging Issues and Quality Control workgroups. As will be further discussed in the new implementation and service delivery model section, beginning on page 13, the EITF is recommending a hybrid implementation model for EI services. This model includes the development of [Early Intervention Collectives \(EICs\)](#) to coordinate with MSDH and provide EI services for families in their area and region. This section and other sections of the report make specific recommendations to EICs.

#### Recommendations Regarding the Operation and Management of First Steps

The EITF acknowledges that there are several critical areas that require improvement to enhance the quality and effectiveness of EI services provided to children and families. To address these gaps, the EITF has outlined a series of recommendations aimed at strengthening the workforce, improving training, ensuring quality control of the program, and ensuring more efficient service delivery. Briefly, these recommendations include:

- **Ensuring adequate staff and funding to meet goals:** MSDH will need to determine the type, number, and cost of additional positions (if vacant positions cannot be utilized) needed within First Steps to implement the proposed delivery model and overall system improvements. MSDH should present this information to the Legislature to request additional funding for the program. Utilizing the financial information provided by MSDH, the Legislature should increase the appropriation provided to MSDH to support First Steps and overall program improvements.
- **Streamlining the hiring process:** The extended time required to hire new EI staff, including service providers and coordinators is a significant barrier. The current process, which takes over a month, can hinder the ability to attract and retain highly qualified personnel. Reducing the time to hire is essential for maintaining continuity of care and addressing staffing needs more efficiently. MSDH should

work with the Mississippi State Personnel Board (MSPB) to identify ways to improve the hiring process for EI positions, such as modifying the criteria for positions that do not require a special license.

- **Enhancing competency-based training:** A major concern is that new EI service providers often enter the program without adequate competency-based training. Although minimum standards are in place, there is no required core training on EI fundamentals, which can impact the quality of services provided to children and families. To address this, MSDH should explore training grants for in-service providers, utilizing the existing MSDH EI training budget. Additionally, partnerships with the CSPD and MDE could provide further funding and support for these initiatives.
- **Expanding required training:** Currently, the only mandatory training for new EI personnel focuses on the MITI system. This training should be made asynchronous and prioritized after EI credential training. MSDH should develop additional training sessions on billing codes, treatment diagnoses, and other Medicaid billing processes to improve efficiency and accuracy in financial operations. MSDH should also develop training for parents to better inform them of their rights within the EI program. Further, MSDH needs to explore strategies to integrate its EI credential training into the onboarding process more effectively, ensuring that all service providers have access to the knowledge and skills necessary to deliver high-quality services.
- **Improving billing practices:** To streamline reimbursement and standardize billing practices across the EI system, the EITF suggests that the First Steps program advocate for the use of bundled billing codes (further discussed in the billing section beginning on page 16). Additionally, advocating for **Special Instructors**<sup>4</sup> to become credentialed providers would enable billing for developmental assessments and therapy services, enhancing service delivery and financial sustainability.
- **Facilitating recruitment and communication:** The EITF recommends creating a live, up-to-date service provider directory at MSDH. This directory would support recruitment efforts and improve communication between MSDH and providers. To further target recruitment, MSDH should coordinate with licensure bodies for allied health professionals, such as occupational therapists (OT), speech-language pathologists (SLP), and physical therapists (PT).
- **Strengthening collaboration and partnerships:** Increasing collaboration between First Steps and other state agencies and oversight committees is vital for

---

<sup>4</sup> Special Instructors would be renamed Developmental Interventionists.



comprehensive service delivery. Additionally, the EITF encourages MSDH to work with early childhood organizations in the state, such as the Mississippi Early Childhood Association, to co-host annual conferences and continuing education events for EI professionals. Further, First Steps could participate as a vendor in pediatric conferences across Mississippi to attract those disciplines.

- **Addressing social-emotional needs:** For children referred by the Mississippi Department of Child Protection Services (MDCPS), the EITF suggests adopting an evidence-based social-emotional screening tool to better identify those with social-emotional delays. A monitoring process should also be developed to reassess at-risk children at regular intervals if they do not meet eligibility criteria after the initial referral. Recruiting mental health clinicians, including Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), and psychologists, as EI/First Steps service providers is also recommended to address these needs.
- **Enhancing telehealth and remote training:** To support the delivery of services through telehealth, the EITF proposes the development of training programs that include evidence-based parent coaching strategies. Additionally, more guidance and training on the use of select developmental assessment tools are necessary, with protocols in place to ensure fidelity in administration and scoring. Teleconsulting models, such as [Project ECHO](#), could be utilized for training, technical assistance, and peer-to-peer consulting opportunities among service providers.
- **Establishing resource directories of natural environments:** Creating an up-to-date resource directory of spaces that meet the criteria for natural environments in each region would help ensure that services are provided in appropriate settings. This effort would align with best practices and ensure that families have access to suitable resources within their communities. Further, it would be helpful to include a list of EICs, regional offices, and service providers participating in First Steps.
- **Oversight of program improvements:** The Legislature should require a subcommittee within SICC to collaborate and work with MSDH to ensure the EI program continues to move forward with implementing recommendations and improving program outcomes.

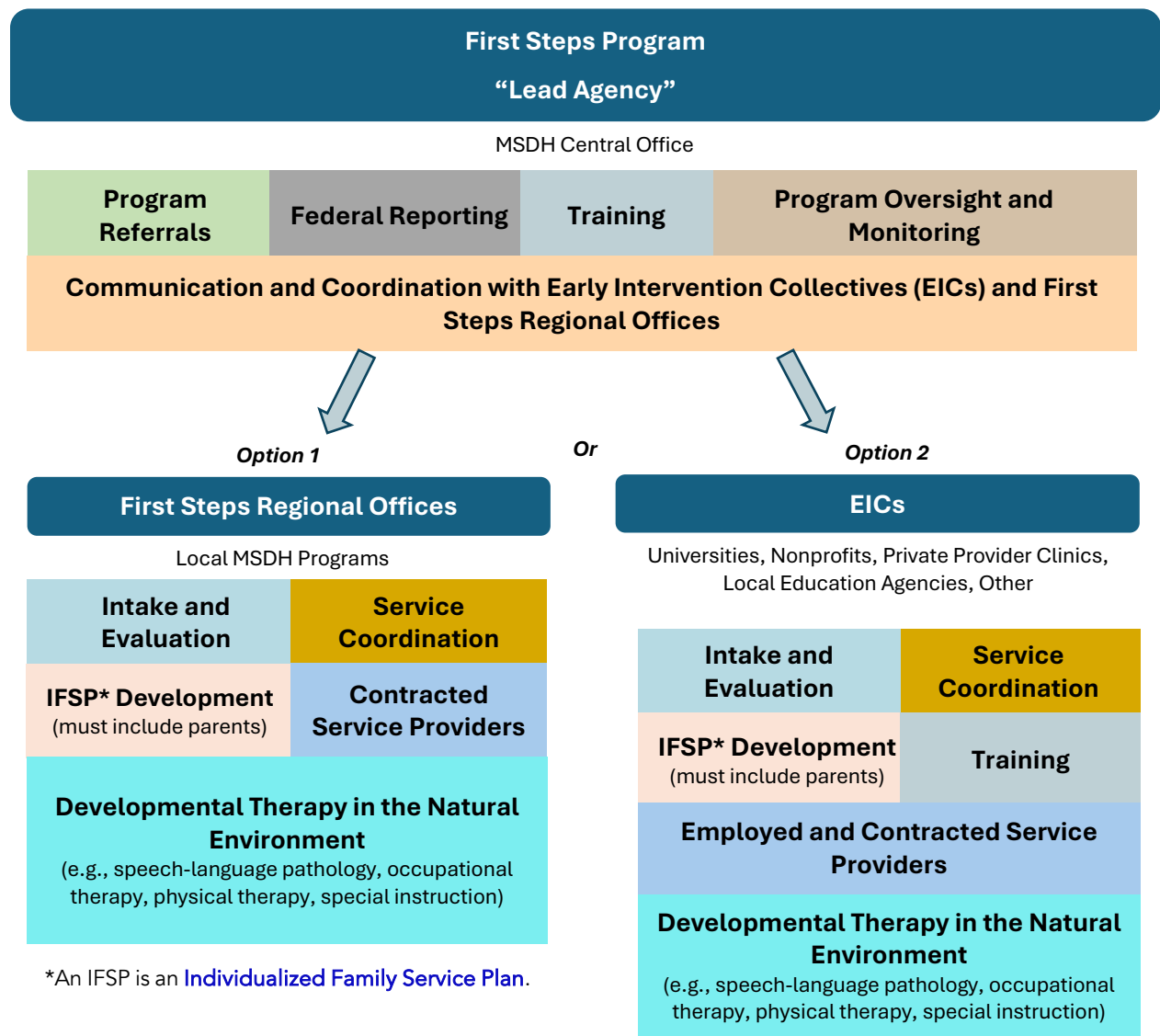
These recommendations represent a commitment to continuous improvement and collaboration across agencies, ultimately fostering better outcomes for Mississippi's youngest learners.

# New Implementation and Service Delivery Model

## Proposed Implementation Model

The diagram on page 13 provides an overview of the EITF’s proposed new hybrid implementation model for EI services. Depending on where the child lives and EIC enrollment in the area, the child will take one of two pathways through the program, either through a MSDH regional office or an EIC.

### Hybrid Implementation Model



This hybrid model would be administered and monitored by MSDH through First Steps. It would include the development of Early Intervention Collectives (EICs) whereby local

provider groups function as EI regional offices, working with MSDH First Steps, to coordinate and provide EI services for families in their area and region. EICs could include, but are not limited to, university-based programs, local education agencies, nonprofit agencies, and private provider clinics. Regional First Steps EI offices and local program offices would continue to operate throughout the state to coordinate and provide EI services to families in areas not served by EICs. EICs would provide support to other EICs statewide, as well as providers working in areas served by First Steps.

### **How the Implementation Model Will Improve Services and Program Compliance**

The EITF sought to address several issues within the existing EI model, including:

- the comparatively low percentage of the eligible population served;
- lack of timely and cohesive referral process;
- delays with the timely provision of services;
- lack of services in the natural environment;
- lack of education and resources; and,
- not meeting federal child outcome standards.

The development and operation of the hybrid implementation model should address existing issues and improve EI services and program compliance by:

- streamlining the referral process from the MSDH central office to both EICs and First Steps regional offices;
- utilizing identified innovations and system improvements to shorten timelines, with increased monitoring and oversight by MSDH and EICs;
- enhancing training and program documentation to improve service coordinator and EI provider compliance and outcomes for children and families; and,
- allowing a division of service areas that will lead to shortened travel distances for providers.

As a result, the percentage of the eligible population served by the program in Mississippi should increase. The initial goal is to match the national average of the eligible population served at a minimum, with more children served over time as capacity expands. Through the recommended hybrid model, with adequate state funding and support, EICs will alleviate the burden on MSDH by managing EI cases within a geographical area of the state. Services will be provided in the child's natural environment. First Steps regional offices will serve cases in areas not supported through an EIC.

Further, there should be an expectation for the service rate to be the same among EICs and First Steps (e.g., it would be unacceptable to have a 13% service rate in EICs but a 4% service rate for the rest of the state). If a large discrepancy in the service rate is seen, MSDH should take action to understand why and to direct resources as needed.

## **Recommendations to Improve First Steps**

### ***Recommendations to MSDH and First Steps***

As discussed in the previous report section, a key to ensuring program improvement and implementing the recommended hybrid EIC model is adequate staffing, funding, and resources. MSDH should plan and determine the amount of additional funding and support needed to implement and manage the new hybrid EIC model to:

- recruit and retain the right number and composition of internal staff;
- provide high-quality program training;
- maintain appropriate caseload sizes;
- provide high-quality services; and,
- meet or exceed national program guidelines.

If possible, MSDH should provide its plan and financial information to the Mississippi Legislature during the 2025 Regular Session.

Additionally, First Steps should use data-driven decision-making that considers target enrollment numbers to inform changes in:

- resource allocation;
- processes; and,
- policies.

To this end, a robust, centralized, electronic referral process and database system should be developed, including a live directory of local service providers.

EICs should be vetted for subcontracts via a rigorous request for proposal (RFP) process and be closely monitored by MSDH. All aspects of the program should be transparently documented and shared with stakeholders, and the program should be well-publicized among families and referring providers to ensure awareness of and understanding of how the program operates.

### ***Recommendations for EICs***

EICs should receive adequate funding and support from MSDH to provide high-quality services, assist with training and onboarding of new EICs, and adhere to all First Steps

and national program guidelines, while providing at least 90% of services in the natural environment. Coverage areas should be determined by the EIC's capacity to meet target enrollment. EICs should work closely and collaboratively with MSDH and regional coordinators, assist in training provided statewide, and maintain rigorous electronic records.

### ***Recommendations for the Mississippi Legislature***

The Mississippi Legislature should utilize financial information and data provided by MSDH to provide adequate funding for First Steps. Refer to the improved operation and management of First Steps report section and attached chart for further information about this recommendation.

Refer to Appendix C on page 25 for technical guidance for implementing the EIC hybrid model.

Refer to Appendix D on page 29 for recommendations on MSDH Request for Proposals (RFPs) for EICs.

## **Improved Billing and Reimbursement Model**

### **Recommendations for Improved Billing and Reimbursements for First Steps**

The difficult process for receiving reimbursement from First Steps has long been a deterrent for the enrollment of service providers into the program. Pursuant to S.B. 2727 the EITF reviewed billing and reimbursement processes and rates for EI services in Mississippi and in other states to ensure the timely receipt of payment to providers. The EITF determined that the following adjustments are necessary to improve the current billing process:

- offering a centralized billing, credentialing, and contracting option through MSDH or a third-party contractor;
- amending the Medicaid Technical Bill (i.e., a proposed bill during the Legislative session that includes any changes to the state's Medicaid program) to allow for universal contracting for EI providers who are credentialed with Medicaid;
- standardizing the list of billable codes for EI services, including the consideration of bundled codes and unique modifiers; and,
- revising the **prior authorization (PA)** process to allow for less frequent reapproval requirements.

After consideration of different reimbursement options, including a **pay and chase model**,<sup>5</sup> as previously proposed, the EITF determined that housing a centralized billing, credentialing, and contracting unit within MSDH or a third-party contractor provides the most viable and cost-effective option for the program as it is currently constructed. Once program improvements have been implemented and there is a better understanding of how billing functions within the EIC model, MSDH may reconsider its billing procedures and the possibility of transitioning to a pay and chase model if deemed necessary.

Instituting a centralized billing, credentialing, and contracting unit will alleviate burdens for providers for whom performing these functions in-house would be cost-prohibitive or unfeasible. The centralization of services will increase the incentive for providers to enroll with First Steps and encourage larger entities to apply to serve as EICs. A central unit would also help to maximize the use of external funding sources by seeking recoupment from private and public insurance prior to utilizing MSDH's **payor of last resort (POLR)** funds.

To further improve the credentialing and contracting process, the EITF recommends amending the Medicaid Technical Bill to allow EI providers credentialed with Medicaid to be automatically eligible for contracting with each of the **Managed Care Organizations (MCOs)**, if they provide services through MSDH's First Steps program. In 2021, the Mississippi Legislature passed S.B. 2799 (2021 Regular Session), which provided for universal credentialing for Medicaid and MCOs through the Council for Affordable Quality Healthcare (CAQH) system. However, the bill did not include provisions for universal contracting with MCOs, which means that providers who are universally credentialed with MCOs must still apply for a contract with each of the MCOs. The entire process can take up to six months, leading to delays in providing services and receiving reimbursement. By adding universal contracting provisions to the Medicaid Technical Bill, the Legislature could cut the amount of time required for providers to become eligible to offer services to Medicaid-covered individuals in half.

Another key component to improving the billing process involves standardizing which codes can be billed for EI services. Currently, services that are a mandatory part of EI evaluations and treatments, such as comprehensive developmental evaluations and services in the natural environment, are not covered by many insurance companies in Mississippi. Additionally, there have been issues with ensuring developmental therapists/interventionists are covered by the billable Medicaid codes. MSDH should collaborate with Medicaid and private insurance companies to establish a set of billable EI codes and consider the possibility of bundling codes and adding unique modifiers.

---

<sup>5</sup> The billing workgroup and MSDH had concerns that the large sum of one-time additional upfront funding needed to support the pay and chase model may not be available in Mississippi; therefore, at this time the pay and chase model would not be sustainable for MSDH and First Steps.

After the list of codes has been determined, MSDH should communicate with program staff and providers to ensure their familiarity with the authorized codes.

Finally, the EITF has identified that difficulties with the prior authorization (PA) process for children and families with an Individualized Family Service Plan (IFSP) present a barrier to recruiting and retaining service providers. Many service providers need approval from physicians prior to providing services, which can lead to delays in the provision of services and reimbursement from insurance companies. These delays can negatively affect First Step's compliance with federal requirements for the timely provision of services and can lead to the premature depletion of MSDH POLR funds. It is strongly recommended that MSDH work with insurance providers to develop a PA process that reduces the frequency of physician reapproval requirements for patients within the EI program to decrease administrative burdens and time delays.

### **How the Billing Model Will Improve Services and Program Compliance**

Implementation of changes to the billing and reimbursement process should:

- eliminate unnecessary delays and rejections of provider reimbursements;
- encourage providers to participate in the program;
- ensure better coordination and communication between MSDH staff, EICs, regional offices, service providers, insurance companies, and other state agencies; and,
- reduce the costs to MSDH POLR funds.

Refer to Appendix E on page 33 for a general flowchart of the medical billing process for service providers.

# Conclusion

As the 2023 EITF report outlined, intervening early in the life of a child with developmental delays leads to numerous long-term benefits, including enhanced quality of life, educational performance, workforce participation, and economic returns. The EITF is grateful that the Legislature has taken an interest in First Steps by establishing the task force and is encouraged by the steps that MSDH has taken to make internal improvements to the program. At the same time, the EITF acknowledges that more remains to be done to ensure that First Steps functions efficiently and effectively in serving the children from birth to age three in Mississippi who are eligible for EI services.

The EITF believes that the recommendations for the Legislature and MSDH included in this report and in the attached chart can effectuate the improvements necessary to facilitate program success. While most of the recommendations focus on improvements that MSDH can make internally, the EITF also requests that the Legislature:

- increase the appropriation for the First Steps program according to the financial plan that should be developed by MSDH in 2025, which will outline the amount of funds necessary to implement program-wide improvements;
- amend the Medicaid Technical Bill during the 2025 Regular Session to allow for universal contracting for EI providers who are credentialed with Medicaid; and,
- create a subcommittee within SICC to serve as an advisory board to ensure that MSDH implements EITF recommendations with fidelity.

The EITF appreciates the opportunity to present these recommendations to the Legislature and looks forward to assisting MSDH in its mission to provide high-quality services to Mississippi's youngest citizens.

In addition to the efforts provided on page 5, MSDH wanted to highlight additional progress First Steps has made over the last year to improve EI in Mississippi. MSDH has assured the EITF that it will continue these efforts to move the program forward. Refer to Appendix F on page 34 for this additional information.

Refer to Appendix G on page 35 for the meeting minutes of the EITF.



# Report Appendices

## Appendix A: EITF Workgroup Members

Delivery Model	Billing	Quality Control	Training
<b>Task Force Members</b>			
Heather Hanna, <b>Chair</b>	Tanya Fitts, <b>Chair</b>	Denise Powell, <b>Chair</b>	Courtney Walker, <b>Chair</b>
Senator Nicole Boyd	Biz Harris	Senator Hob Bryan	Representative Kent McCarty
Kasee Stratton-Gadke	Representative Karl Oliver	Leslie Junkin	Representative Rob Roberson
Candice Taylor	Senator Robin Robinson	Senator David Parker	Tricia Wilson
Yalanda Barner	Tracy Buchanan	Ashton Hotard	Randi Carter
	Representative Sam Creekmore IV		
Dan Edney			
Susan Buttross			
<b>Task Force Advisors</b>			
Sarah Myers, <b>Lead Advisor</b>	Katie Cassady, <b>Lead Advisor</b>	Kanasha Bennett, <b>Lead Advisor</b>	Julie Parker, <b>Lead Advisor</b>
Georgia Graham	Candace Carter-Stevens	Kenya Elizabeth Wolff	LaShundia Carson
Mitch Adcock			
<b>MSDH Staff</b>			
Melissa Cox, Regional Program Coordinator		DeMatt Harkins, Director of Quality Improvement	Monika Lorinczova, Monitoring Coordinator
Claudia Shedd, Program Coordinator			
AnnaLyn Whitt, Director of the Office of Health Services			
Tami Brooks, Pediatric Consultant for Child and Adolescent Health			
Ashley Wolff, IDEA Part C Coordinator			

In addition, the following EI experts provided support to the task force by participating in workgroups:

- Donna Stauter, Assistant Professor, Department of Occupational Therapy, UMMC;
- Christine Bellew, Parent and Staff Representative;
- Judy Prehn, Associate Professor, Department of Physical Therapy, William Carey University;
- Coreaner Price, Parent Representative;
- Mandy Smith, Physical Therapist, The Children's Center at USM;
- TJ Shappley, Clinic Owner and Physical Therapist, Shappley Pediatric Therapy;
- Robin Bradshaw, Director of Policy, DOM;
- Keith Vuncannon, Clinic Owner and Physical Therapist, Caring Hands Rehab;
- Jessica Carter, Clinic Owner and Occupational Therapist, The SPOT Therapy;
- Monica Wimberley, Comprehensive System of Personnel Development Coordinator, MDE;
- Karen Roberson, Clinic Owner and Physical Therapist, Kids Therapy Spot;
- Kristy Simms, Executive Director of External Affairs, UMMC;
- Anna Moak Sparks, Liaison for State Government Affairs, UMMC;
- Nell Valentine, Project Coordinator, Social Science Research Center, Mississippi State University;
- Melissa Lockett, Program Manager, Social Science Research Center, Mississippi State University;
- Leigh-Anne Gant, Vice President of Early Education, Delta Health Alliance;
- Doris Thompson, the Children's Defense Fund;
- Larry Smith, Senior Policy Analyst and Epidemiologist, Center for Mississippi Health Policy; and,
- Sarah Scarborough, Assistant to the Director, Center for Mississippi Health Policy.

PEER staff also provided support to each workgroup.

## Appendix B: Glossary of Terms

### IDEA Part C

IDEA Part C, also known as the Program for Infants and Toddlers with Disabilities, is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers ages birth to three with disabilities and their families.

*Source: ECTA*

### Early Intervention Services

Early intervention services include services and supports that are available to babies and young children with developmental delays and disabilities and their families. These services may include speech therapy, physical therapy, occupational therapy, psychological services, assistive technology, special instruction, and others based on the needs of the child and family.

*Sources: U.S. Centers for Disease Control and Prevention and 20 USC § 1432.*

### First Steps

First Steps is the IDEA Part C early intervention program in Mississippi housed within MSDH.

*Source: MSDH*

### State Interagency Coordinating Council (SICC)

SICC is an advisory council required by federal statute and appointed by the Governor to advise and assist the lead agency (i.e., MSDH in Mississippi) in implementing the requirements of IDEA Part C. The council is comprised of parent representatives, service providers, legislators, and various state agency representatives.

*Sources: MSDH and 20 USC § 1441*

### EI Credential Training

Mississippi State University created the EI Credential Training modules. The EI Credential program, Level I, contains six curriculum modules. The curriculum modules within the EI Credential program are based on current research from the Division for Early Childhood, the Early Childhood Personnel Center, and other sources. The newly established and recently approved cross-disciplinary competency areas serve as the framework for the EI Credential. The six modules require the participant to complete each module, with passing quiz scores to earn credit for the full credential.

*Source: Dr. Julie Parker*

### **Mississippi State University’s T.K. Martin Center Pilot Program**

The Mississippi State University T.K. Martin Center Pilot Program is a state-funded pilot project in eleven counties surrounding the T.K. Martin Center established to determine if a university-based hub model for delivering early intervention services is as efficient and effective or more effective than the current First Steps program.

*Sources: S.B. 2167 (Regular Session 2023), As Introduced, S.B. 3000 (Regular Session 2023), and MSDH*

### **Office of Special Education (OSEP)**

OSEP is an office within the U.S. Department of Education with the purpose of administering IDEA and leading efforts to improve outcomes for children with disabilities, birth through 21, and their families, ensuring access to fair, equitable, and high-quality education and services.

*Source: U.S. Department of Education*

### **Early Intervention Collectives (EICs)**

EICs are provider groups that the EITF proposes should be established throughout the state to assist MSDH in providing early intervention services. These provider groups could include, but would not be limited to, university-based programs, local education agencies, nonprofit agencies, and private provider clinics. The EICs would serve as regional First Steps offices in the geographic areas that they agree to cover and would be selected based on a competitive RFP process.

*Source: EITF Implementation and Service Delivery Model Workgroup*

### **Special Instructor (Developmental Interventionists)**

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.

*Source: 2023 EITF Report*

### **Project ECHO**

Project ECHO is a program designed to create communities of learners by bringing together health care providers and experts in topical areas using didactic and case-based presentations, fostering an “all learn, all teach” approach. Mississippi State University and UMMC have worked to implement Project ECHO in Mississippi to offer support and professional development to providers.

*Sources: American Academy of Pediatrics and Mississippi State University*

### **Individualized Family Service Plan (IFSP)**

An IFSP is a written plan created to meet the individual needs, concerns, and priorities of children from birth to three and their families. The plan states the family's desired outcomes for their child and themselves and lists the early intervention services and

supports that will help meet those outcomes. It also describes when, where, and how the services will be delivered.

*Source: U.S. Department of Health and Human Services*

### **Prior Authorization (PA)**

Prior authorization—sometimes called preauthorization or precertification—is a health plan cost-control process by which physicians and other health care providers must obtain advance approval from a health plan before a specific service is delivered to the patient to qualify for payment coverage.

*Source: American Medical Association*

### **Pay and Chase Model**

A pay and chase model for reimbursement of EI services involves moving many of the functions of the billing and reimbursement of services to the lead agency (i.e., MSDH in Mississippi). In this 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).

*Source: MSDH*

### **Payor of Last Resort (POLR) Funds**

POLR funds are federal Part C funds granted to the states to support their early intervention programs but may not be used to satisfy financial commitment for services that would otherwise have been paid by another public or private source (e.g., state-appropriated funds, Medicaid, private insurance). POLR funds may only be utilized when all other funding options have been accessed or denied.

*Source: ECTA*

### **Managed Care Organizations (MCOs)**

MCOs are healthcare organizations that contract with state Medicaid agencies to deliver Medicaid program health care services for a set per member per month (capitation) payment for these services.

*Source: Centers for Medicare and Medicaid Services*

## Appendix C: Technical Guidance for First Steps: Implementing EIC Model

In developing technical guidance for the early intervention program, it is crucial to ensure that the EIC model aligns with the foundational principles of the general lead agency, MSDH, and early intervention program, First Steps. Both EICs and First Steps must adhere to shared guidance, policies, and procedures. However, EICs may implement variations of the model in the following non-exhaustive ways:

- service delivery models employed (e.g., primary provider model);
- staffing structures;
- salary grades;
- case conference with multidisciplinary team; and,
- community engagement strategies.

The following recommendations should be considered technical guidance for the implementation of the EIC model:

<p><b>Develop a Request for Proposal</b></p>	<p>MSDH should solicit applications from various agencies to establish EICs across the state and in areas of increased need of early intervention services. See <i>Appendix D on page 29 for RFP recommendations.</i></p> <p>An average of 90% of services must be provided in the child’s natural environment with the goal of reaching the national average of children needing services across the state.</p>
<p><b>Establish Policies and Procedures for EICs</b></p>	<p>MSDH should update its policies and procedures for First Steps and create documentation that all EICs must follow these updated policies and procedures. However, MSDH should provide exceptions to these procedures, such as EI service delivery model used, staff structure, salaries, community engagement, and travel options (e.g., rental</p>

	cars). The EITF notes that a primary provider model with weekly case conferences are recommended and supported by empirical evidence.
<b>Contract/MOU for Data Sharing/HIPAA/FERPA</b>	<p>MSDH should allow EICs to:</p> <ul style="list-style-type: none"> <li>• access data systems within MITI to allow for data analysis (e.g., tracking deadlines, monitoring needs);</li> <li>• contract for understanding of protecting HIPAA documentation and FERPA compliance; and,</li> <li>• develop a database (or tab in MITI) to add required monitoring data (e.g., community engagement, child find activities) for EICs.</li> </ul>
<b>Access to MITI (EI Database)</b>	MSDH should allow full access to MITI database for each EIC. Full access will ensure staff can be added upon hiring, adjustments can be made to caseloads within for EIC staff, supervision reviews, transfer of cases in and outside of the EICs, etc.
<b>Updates to the MITI System</b>	<p>MSDH should:</p> <ul style="list-style-type: none"> <li>• make MITI training as an asynchronous presentation with reference slides available (remove live training requirement);</li> <li>• ensure all forms are electronic fill in and auto fill populated;</li> <li>• ensure all text boxes sync within MITI (e.g., demographics and parent contact address and phone number);</li> <li>• allow MITI to make a meeting notice be generated after entering a date and automatically email this document;</li> <li>• allow for providers to also serve as service coordinators within MITI access points;</li> </ul>

	<ul style="list-style-type: none"> <li>• develop transition tab within MITI, indicating what was completed in transition meeting;</li> <li>• allow for direct referrals to EICs;</li> <li>• ensure all electronic forms/most recently updated forms be available in MITI only;</li> <li>• add in MITI an “uploads” section to upload medical records, faxes, letters to providers/referral source;</li> <li>• add and require referral source contact information in MITI;</li> <li>• allow author of a note to delete the note within 10 days of the original (e.g., in the event of charting on the wrong case);</li> <li>• allow a text box fill in for diagnoses of concern not currently on the qualifying established conditions list;</li> <li>• allow a one-day visit note for other disciplines consulting when using primary provider model;</li> <li>• be able to mark a child inactive upon death;</li> <li>• developmental history form does not generate the same appearance in MITI, resulting in another form; and,</li> <li>• ensure MITI database can support insurance submissions for ease of billing.</li> </ul>
<b>EICs included in Essential First Steps Trainings</b>	EICs should be included in essential EI staff training, while also providing technical assistance for trainings provided by First Steps.
<b>Establish Procedures for Alternative Communication Modes</b>	MSDH should seek to determine if alternative communication modes can be used to contact parents, including text and email messages, and appointment reminders as automatic text/email messages from MITI.
<b>Flow Chart</b>	A flow chart of responsibilities of MSDH staff should be created to indicate who to contact when needs arise



	based on EIC location. The EITF recommends that the EI Director serve as first point of contact for each EIC.
<b>Resource Database</b>	MSDH and the EICs should work together to establish a rich resource database that is shared between all First Steps providers (e.g., milestone websites/smartphone applications, daycare waivers, Medicaid programs, MSDH services, respite care, genetics referrals, CPS referrals, cultural awareness information sheets, database of Local Educational Agencies (LEAs) and contact information, etc.).

# Appendix D: Recommendations on MSDH RFPs for EICs

## 1. Overview

- a. Overview of IDEA Part C program and its objectives
- b. Overview of the First Steps program and current state policies and procedures (perhaps an electronically linked file)
- c. Purpose of the RFP: to establish an EIC for implementing early intervention services and service coordination within a 45-mile to 60-mile radius:
  - i. Collectives will be responsible for supporting the First Steps Program by increasing the percent of eligible population served, timely provision of services/treatment, providing services and increasing percentage of children served in the natural environment as outlined by IDEA Part C, and showing improved child outcomes within the region served.

## 2. Scope of Work

- a. Target population:
  - i. Families with babies and toddlers ages birth to three years who may be eligible for EI services within the 45-mile or 60-mile radius of a central location or other geographic location requested (e.g., by county).
- b. Minimum requirements for EICs include the following:
  - i. Must be able to meet federal timeline indicators and state quality indicators (i.e., indicators one through eight) outlined through the Office of Special Education Programs (OSEP) and the annual performance plan (i.e., receive referrals from the Lead Agency Part C office, screen, evaluate or assess for eligibility, create and maintain Individualized Family Service Plan (IFSP), provide direct services in the natural environment, and transition child out of the program and into Part B, if eligible).
  - ii. Must report to and collaborate with the Part C Lead Agency, acting as an extension of the program (i.e., regional office).
  - iii. Must be able to house multiple disciplines of EI providers including service coordination within the EIC.

- iv. Must be able to access electronic health record system and database to maintain appropriate documentation.
- v. Must provide evidence-based service delivery model for EI services with at least 90% in the natural environment.
- vi. Must be able to sustain the Part C system of payment, with access provided by MSDH to billing support. POLR/state funding for services must be utilized after insurance reimbursements are exhausted.
- vii. Must be able to support Part C Lead Agency and SICC in federal indicators (i.e., indicators nine through eleven). This includes offering dispute resolution in conjunction with First Steps and providing data and informing the SICC and First Steps for the development of the annual state systemic improvement plan (SSIP).
- c. Specific services to be provided as required by IDEA Part C including:
  - i. Child Find activities, including the system to locate eligible children and families and the monitoring of Child Find activities;
  - ii. Service coordination;
  - iii. Evaluation/assessment to determine eligibility criteria;
  - iv. Development of an Individualized Family Service Plan (IFSP) and 6-month reviews;
  - v. Service provision within the natural environment by qualified personnel;
  - vi. Transition plans to IDEA Part B;
  - vii. Monitoring in compliance with state and federal policies; and,
  - viii. Eligible to provide virtual services, including consultation in locations deemed in need of EI providers by First Steps.

### **3. Eligibility Requirements**

- a. Must be located within the state of Mississippi and able to serve a 45-mile to 60-mile radius.
- b. Must include a team of multidisciplinary EI providers: speech language pathologist, special instructor, physical therapist, and occupational therapist at a minimum.
- c. May be universities under Mississippi Institutions of Higher Learning, private businesses, non-profit organizations, or LEAs.

- d. Eligible or able to demonstrate ability to bill insurance with the option to use MSDH or external billing unit (i.e., providers are credentialed with private insurance providers and Medicaid).
- e. History of or ability to demonstrate how to maintain HIPAA requirements and FERPA compliance.
- f. Must be willing to meet quality standards and participate in cross-disciplinary competency trainings provided through MSDH and partner agencies.

#### **4. Proposal Requirements**

- a. Application Submission Process:
  - i. Organizational background and experience;
  - ii. Description of proposed service provision and methodologies, including early intervention model used;
  - iii. Staffing plan and qualifications of key personnel;
  - iv. Community engagement strategies;
  - v. Plans to support data collection, evaluation and federal/state monitoring (MSDH must provide guidance on expectations for this); and,
  - vi. Demonstration of insurance framework for billing.

**5. Reporting requirements:** MSDH will establish the reporting requirements for all federal/state monitoring needed.

#### **6. Funding Timeline**

- a. RFP Release Date
- b. Deadline for submission
- c. Proposal review period
- d. Notification of award
- e. Expected start date for services
- f. Application Review Process:
  - i. Provide criteria for assessing proposals (i.e., experience, meeting transportation needs, structure of facility);
  - ii. Weighting of different evaluation components;
  - iii. Expected number of subcontracts to be awarded; and,
  - iv. Expected funds provided.

**7. Submission Instructions**

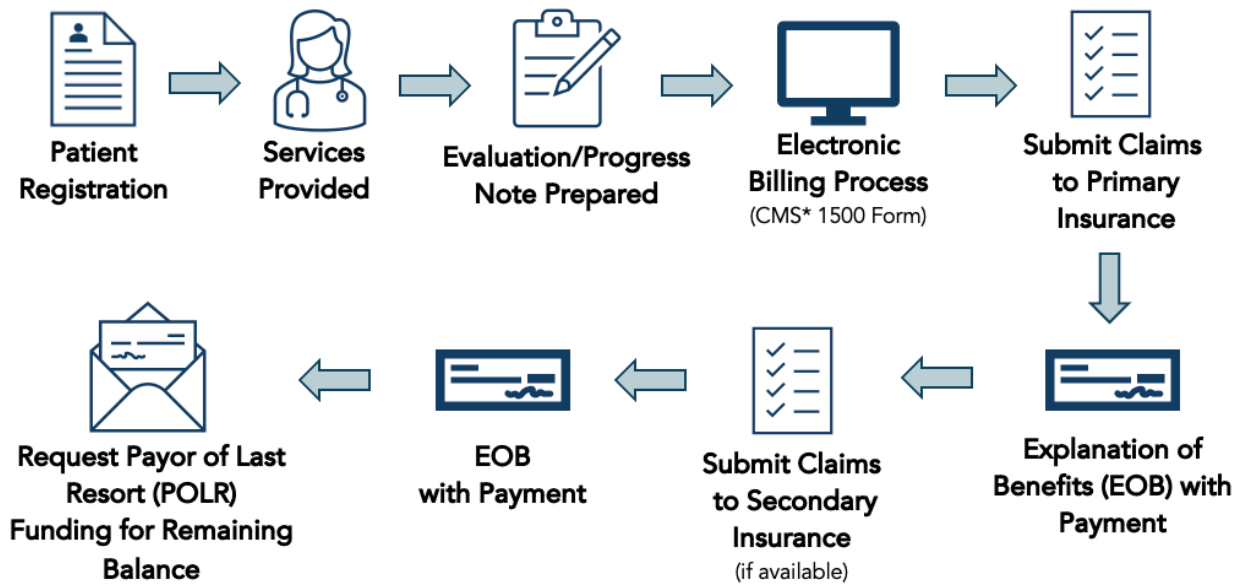
- a. Provide details for electronic submission
- b. Contract information for questions and clarifications

**8. Terms and Conditions**

- a. MSDH will provide any legal or regulatory requirements; expectations for compliance with IDEA and state policy/law
- b. Unallowed expenses

**9. Appendices**

## Appendix E: Medical Billing Process



\*The CMS 1500 Form is standard claim form to bill Medicare Fee-For-Service (FFS) Contractors.

## Appendix F: MSDH's Additional Efforts to Improve First Steps

According to MSDH, it has made the following efforts to improve First Steps and EI in Mississippi:

- **Recruitment and Training:** MSDH has contracted with a provider recruitment expert/lead trainer to work with the CSPD to improve EI training and recruitment. As of October 29, 2024, the lead trainer has drafted an ongoing training calendar for staff, service providers, and partners.
- **Financial Process:** MSDH has made a recommendation to hire an EI Accounting Team Lead to aid in the financial processes to ensure timely provider payments.
- **Performance Improvement:** First Steps has worked with the Performance Improvement department within MSDH's Internal Auditor's office to identify gaps and bottlenecks in the program's financial processes. It will be the new accounting lead's primary responsibility to address these issues.
- **Monitoring:** MSDH has identified and contracted with a Monitoring Team Lead. This position will become a permanent state position within MSDH once the position has been approved by the Mississippi State Personnel Board.
- **SICC:** Mississippi's SICC has made new appointments, and in January 2025, ECTA will provide SICC orientation and committee training.
- **Internal Policies:** MSDH is in the process of revising its internal policies and controls regarding First Steps and EI.
- **OSEP Monitoring:** MSDH is participating in site visits from OSEP as part of federal monitoring of First Steps. MSDH will share the findings online and with partners once they are made available by OSEP.
- **Benchmarks:** Benchmark raises have been submitted and some have already been approved for field staff who have completed infant mental health training.
- **State Cellphones:** All staff in the field have received cellphones and are in the process of receiving upgrades to laptops in order to do their jobs more efficiently.
- **Vacancies:** All vacant positions within First Steps are currently being advertised.

Unfortunately, MSDH would also like to report that it's Part C Coordinator resigned, effective October 31, 2024. However, MSDH has already begun the process to advertise and refill the position. As soon as it is available for posting, the Health Services Director will send the advertisement to the EITF and its partners, so that the announcement can be shared statewide and nationally.

# Appendix G: EITF Meeting Minutes

## Minutes of the S.B. 2727 Early Intervention Task Force

June 10, 2024

On June 10, 2024, at 1:33 p.m. the Early Intervention Task Force (Task Force) conducted its first meeting to elect a Chair and to outline the goals and objectives of the Task Force in 2024. The meeting began in Room 216, of the New Capitol Building, Jackson, MS, but subsequently moved to Room 210 due to technical difficulties. While the issues were being addressed, the Task Force recessed the meeting until approximately 2:05 p.m. The meeting was also made available to members and advisors via Zoom and disseminated through the Senate YouTube channel.

### Present

Dr. Yalanda Barner  
Senator Nicole Boyd  
Senator Hob Bryan  
Dr. Susan Buttross, *Chair*  
Representative Sam Creekmore IV  
Dr. Daniel Edney  
Dr. Tanya Fitts  
Dr. Heather Hanna  
Ms. Biz Harris  
Ms. Ashton Hotard  
Ms. Leslie Junkin  
Representative Kent McCarty  
Senator Robin Robinson  
Mr. Cody Smith  
Dr. Kasee Stratton-Gadke  
Ms. Candice Taylor  
Dr. Tricia Wilson

### Absent

Ms. Randi Carter  
Representative Karl Oliver  
Senator David Parker  
Dr. Denise Elaine Powell  
Representative Rob Roberson  
Dr. Courtney Walker

Also present were:

Mr. Mitch Adcock, Center for Mississippi Health Policy  
Dr. Kanesha Bennett, Jackson State University  
Dr. Candace Carter-Stevens, Mississippi Valley State University  
Dr. Kathryn Cassady, University of Mississippi Medical Center  
Ms. Georgia Graham, Mississippi University for Women  
Ms. Sarah Myers, University of Southern Mississippi  
Dr. Julie Parker, Mississippi State University  
Dr. Kenya Elizabeth Wolff, University of Mississippi

Ted Booth, Executive Director, PEER Committee  
Meri Clare Ringer, Lead Analyst, PEER Committee  
Emily Cloys, Analyst, PEER Committee  
Dr. AnnaLyn Whitt, Director, Office of Health Services, Mississippi State Department of Health



Dr. Tami Brooks, Director, Office of Child and Adolescent Health, Mississippi State Department of Health  
Lee Pittman, House Budget Officer, Mississippi Legislative Budget Office  
Corbin Stanford, Senate Budget Officer, Mississippi Legislative Budget Office  
Kristy Simms, Executive Director of External Affairs, University of Mississippi Medical Center  
Anna Moak Sparks, Policy Advisor and Liaison for State Governmental Affairs, University of Mississippi Medical Center

Dr. Susan Buttross, immediate past chair, called the Task Force to order at 1:33 p.m. However, due to technical issues, the Chair recessed the meeting while in-person attendees moved to room 210, and virtual participants were given a new meeting link. Dr. Buttross re-called the meeting to order at 2:05 p.m., and a quorum was present.

Dr. Buttross called for nominations to elect a new Chair for the 2024 Task Force. Senator Nicole Boyd nominated Dr. Susan Buttross, and Ms. Biz Harris seconded the motion. Upon no further nominations, Dr. Daniel Edney made a motion to close the nominations, and Senator Robin Robinson and Dr. Tanya Fitts seconded the motion. On a vote by acclamation, Dr. Buttross was re-elected as Chair of the Task Force.

The Chair invited the Task Force members and advisors to introduce themselves. After the introductions, the Chair gave a brief statement thanking everyone for serving on the Task Force, commending the work of the previous Task Force, and outlining her vision for the 2024 Task Force.

Ms. Meri Clare Ringer, PEER Staff, discussed the objectives and goals of the Task Force as provided for in S.B. 2727 and explained the proposed workgroups and provided guidelines for the groups moving forward. Each member and advisor will be divided amongst the workgroups based on preference. The Chair of the Task Force will name a chair and lead advisor for each workgroup.

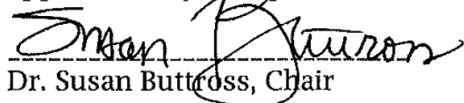
Dr. Daniel Edney, Mississippi State Health Officer, provided an update on the First Steps Early Intervention Program, including the placement of new administrative appointees and the initiation of internal performance improvement projects.

The Chair opened the floor for questions from the Task Force. Upon request from Dr. Tanya Fitts, Dr. Kasee Stratton-Gadke provided a brief overview of the results of the early intervention pilot program at the T.K. Martin Center.

After discussion of the next meeting and structure of future meetings, the Chair asked for a motion to adjourn the meeting. Senator Robinson made a motion and Dr. Edney seconded the motion.

The next meeting is scheduled for July 15, at 12:30 p.m.

There being no further matters for discussion, the Task Force adjourned at approximately 3:30 p.m.

  
Dr. Susan Buttross, Chair

8/15/24

## Minutes of the S.B. 2727 Early Intervention Task Force

August 15, 2024

On August 15, 2024, the Early Intervention Task Force (Task Force) conducted its second meeting to hear updates on the progress of each workgroup, approve any necessary workgroup requests, and discuss the next meeting of the full Task Force and the timeline for completing workgroup reports. The meeting was held in Room 216, of the New Capitol Building, Jackson, MS, and made available to members and advisors via Zoom. The meeting was also disseminated through the Senate YouTube channel. Dr. Susan Buttross, Chair, called the Task Force to order at 1:05 p.m. with a quorum present.

### Present

Dr. Yalanda Barner  
Senator Nicole Boyd  
Ms. Tracy Buchanan  
Dr. Susan Buttross, *Chair*  
Representative Sam Creekmore IV  
Ms. Randi Carter  
Dr. Tanya Fitts  
Dr. Heather Hanna  
Ms. Biz Harris  
Ms. Ashton Hotard  
Ms. Leslie Junkin  
Dr. Denise Elaine Powell  
Representative Rob Roberson  
Senator Robin Robinson  
Ms. Candice Taylor  
Dr. Courtney Walker

### Absent

Senator Hob Bryan  
Dr. Daniel Edney  
Representative Kent McCarty  
Representative Karl Oliver  
Senator David Parker  
Dr. Kasee Stratton-Gadke  
Ms. Tricia Wilson

Also present were:

Mr. Mitch Adcock, Center for Mississippi Health Policy  
Dr. Kanesha Bennett, Jackson State University  
Dr. Kathryn Cassady, University of Mississippi Medical Center  
Ms. Georgia Graham, Mississippi University for Women  
Ms. Sarah Myers, University of Southern Mississippi  
Dr. Julie Parker, Mississippi State University  
Dr. Kenya Elizabeth Wolff, University of Mississippi

Mr. Ted Booth, Executive Director, PEER Committee  
Ms. Meri Clare Ringer, Lead Analyst, PEER Committee  
Ms. Emily Cloys, Analyst, PEER Committee  
Dr. AnnaLyn Whitt, Director, Office of Health Services, Mississippi State Department of Health  
Dr. Tami Brooks, Pediatric Consultant for Child and Adolescent Health, Mississippi State Department of Health  
Ms. Ashley Wolff, Part C Coordinator, Mississippi State Department of Health

Ms. Anna Moak Sparks, Policy Advisor and Liaison for State Government Affairs, University of Mississippi Medical Center  
Ms. Kristy Simms, Executive Director of External Affairs, University of Mississippi Medical Center  
Mr. Keith Vuncannon, Chief Executive Office, Caring Hands Rehab

Upon the motion of Senator Robin Robinson, seconded by Ms. Biz Harris, the Task Force voted unanimously to approve the minutes of the June 10, 2023, meeting.

Dr. Heather Hanna, Chair of the delivery model workgroup, provided the Task Force with an overview of the workgroup's progress including distinguishing between service delivery model (i.e., how services are delivered) and implementation model (i.e., overarching program structure and the priority of the workgroup); identifying types of implementation models (i.e., current model, hub model, and hybrid model); and determining the best model for the group to further explore.

Upon a motion of Dr. Denise Powell, seconded by Dr. Tanya Fitts, the Task Force voted unanimously to adopt the delivery model workgroup's recommendation to move forward with a hybrid implementation model using the existing capacity of universities and other organizations as potential hubs for referral, evaluation, service coordination, and service provision from the lead agency.

Dr. Tanya Fitts, Chair of the billing and financial resources workgroup, discussed the pros and cons of a pay and chase model for billing and other issues that should be addressed by the workgroup (e.g., bundling service delivery codes, reducing the burden of prior authorization on service providers).


Dr. Denise Powell, Chair of the quality control and oversight workgroup, presented an overview of the workgroup's goals, issues identified, and potential solutions proposed (e.g., virtual services, retention, and sustainable hiring).

Dr. Courtney Walker, Chair of the training, recruitment, and other emerging issues workgroup, provided an overview of the Mississippi State Department of Health's implementation of recommendations from the 2023 Task Force report and an update on the progress of the workgroup and additional recommendations to the Task Force.

The Chair and Ms. Meri Clare Ringer, PEER staff, provided the Task Force with a timeline for completing workgroup reports and presenting the information to the full Task Force. The workgroup chairs should submit report drafts to the Chair and PEER staff by October 15, 2024, and be prepared to present on the reports to the full Task Force at the end of October.

Dr. Buttross set the date for the next meeting of the full Task Force for September 24, 2024, at 1:00 p.m.

There being no further matters for discussion, the Task Force adjourned at approximately 2:35 p.m.

 9/24/24  
Dr. Susan Buttross, Chair

## Minutes of the S.B. 2727 Early Intervention Task Force

September 24, 2024

On September 24, 2024, the Early Intervention Task Force (Task Force) conducted its third meeting to discuss the Task Force's progress toward compiling its report to the Legislature and the timeline for completing the report. The meeting was held in Room 216, of the New Capitol Building, Jackson, MS, and made available to members and advisors via Zoom. The meeting was also disseminated through the Senate YouTube channel. Dr. Susan Buttross, Chair, called the Task Force to order at 1:05 p.m. with a quorum present.

### Present

Dr. Yalanda Barner  
Senator Nicole Boyd  
Senator Hob Bryan  
Dr. Susan Buttross, *Chair*  
Representative Sam Creekmore IV  
Ms. Randi Carter  
Dr. Tanya Fitts  
Dr. Heather Hanna  
Ms. Ashton Hotard  
Dr. Denise Elaine Powell  
Senator Robin Robinson  
Ms. Tracy Buchanan  
Dr. Kasee Stratton-Gadke  
Ms. Candice Taylor  
Ms. Tricia Wilson

### Absent

Dr. Daniel Edney  
Ms. Biz Harris  
Ms. Leslie Junkin  
Representative Kent McCarty  
Representative Karl Oliver  
Senator David Parker  
Representative Rob Roberson  
Dr. Courtney Walker

Also present were:

Mr. Mitch Adcock, Center for Mississippi Health Policy  
Dr. Kanesha Bennett, Jackson State University  
Ms. Georgia Graham, Mississippi University for Women  
Ms. Sarah Myers, University of Southern Mississippi  
Dr. Julie Parker, Mississippi State University  
Dr. Kenya Elizabeth Wolff, University of Mississippi

Mr. Ted Booth, Executive Director, PEER Committee  
Ms. Meri Clare Ringer, Lead Analyst, PEER Committee  
Dr. AnnaLyn Whitt, Director, Office of Health Services, Mississippi State Department of Health  
Dr. Tami Brooks, Pediatric Consultant for the Office of Child and Adolescent Health, Mississippi State Department of Health  
Ms. Ashley Wolff, Part C Coordinator, Mississippi State Department of Health  
Ms. Kris Adcock, Senior Deputy, Mississippi State Department of Health  
Mr. Bob Williams, Director of Life & Health Division, Mississippi Insurance Department


Upon the motion of Senator Robin Robinson, seconded by Dr. Yalanda Barner, the Task Force voted unanimously to approve the minutes of the August 15, 2024, meeting.

Dr. Heather Hanna, Chair of the delivery model workgroup, provided an overview of a chart that she designed to assist with the report-writing process and making recommendations. Each of the Task Force workgroups have contributed to the chart and will utilize their entries as the foundation of their sections of the report. After summarizing the purpose and organization of the chart, Dr. Hanna invited Dr. Tanya Fitts, Dr. Julie Parker, and Dr. Denise Powell to discuss the portions of the chart that the billing, training, and quality control workgroups have developed.

Ms. Meri Clare Ringer, PEER staff, presented a draft outline of the report and opened the floor for feedback from the Task Force members. The goal is to create a more condensed report and to focus on outlining the Task Force's recommendations to the Mississippi State Department of Health (MSDH) and the Legislature. Workgroups should submit drafts of their sections of the report to PEER staff by October 15, 2024. PEER staff will compile all sections of the report and send the draft to workgroup chairs, lead advisors, MSDH staff, and the rest of the Task Force members prior to the next Task Force meeting.

The next Task Force meeting is set for October 29, 2024, at 1:00 p.m. at which time the Task Force will vote to approve the report. If the report is not approved at the October meeting, the Task Force will reconvene in November.

There being no further matters for discussion, the Chair called for a motion to adjourn. Upon a motion by Senator Robin Robinson and a second by Dr. Tanya Fitts, the Task Force adjourned at approximately 2:00 p.m.

 10/29/24  
Dr. Susan Buttross, Chair

## Minutes of the S.B. 2727 Early Intervention Task Force

October 29, 2024

On October 29, 2024, the Early Intervention Task Force (Task Force) conducted its fourth meeting to discuss the final draft of the Task Force report and to vote to approve the report and its recommendations. The meeting was held in Room 216, of the New Capitol Building, Jackson, MS, and made available to members and advisors via Zoom. The meeting was also disseminated through the Senate YouTube channel. Dr. Susan Buttross, Chair, called the Task Force to order at 1:15 p.m. with a quorum present.

### Present

Dr. Yalanda Barner  
Senator Nicole Boyd  
Senator Hob Bryan  
Dr. Susan Buttross, *Chair*  
Representative Sam Creekmore IV  
Dr. Daniel Edney  
Dr. Tanya Fitts  
Dr. Heather Hanna  
Ms. Biz Harris  
Ms. Ashton Hotard  
Ms. Leslie Junkin  
Dr. Denise Elaine Powell  
Ms. Tracy Buchanan  
Dr. Kasee Stratton-Gadke  
Ms. Candice Taylor  
Ms. Tricia Wilson

### Absent

Ms. Randi Carter  
Representative Kent McCarty  
Representative Karl Oliver  
Senator David Parker  
Representative Rob Roberson  
Senator Robin Robinson  
Dr. Courtney Walker

Also present were:

Mr. Mitch Adcock, Center for Mississippi Health Policy  
Dr. Candace-Carter Stevens, Mississippi Valley State University  
Dr. Katie Cassady, University of Mississippi Medical Center  
Ms. Georgia Graham, Mississippi University for Women  
Ms. Sarah Myers, University of Southern Mississippi  
Dr. Julie Parker, Mississippi State University  
Dr. Kenya Elizabeth Wolff, University of Mississippi

Mr. Ted Booth, Executive Director, PEER Committee  
Ms. Meri Clare Ringer, Lead Analyst, PEER Committee  
Ms. Emily Cloys, Analyst, PEER Committee  
Dr. AnnaLyn Whitt, Director, Office of Health Services, Mississippi State Department of Health  
Dr. Tami Brooks, Pediatric Consultant, Office of Child and Adolescent Health, Mississippi State Department of Health

The Chair asked for a motion to approve the minutes for the September 24, 2024, Task Force meeting. Upon the motion of Dr. Tanya Fitts, seconded by Dr. Denise Powell, the Task Force voted to approve the minutes.

Because the Task Force will dissolve upon the approval and release of its final report, the Chair asked for permission to review and sign the meeting minutes for the October 29, 2024 meeting. Upon the motion of Ms. Biz Harris, seconded by Dr. Yalanda Barner and Dr. Daniel Edney, the Task Force voted to allow the Chair to sign the minutes.

Dr. Julie Parker, Ms. Sarah Myers, and Dr. Tanya Fitts provided an overview of the report and its recommendations. After their presentations, the Chair offered Mississippi State Department of Health (MSDH) staff a chance to comment on the report.

The Chair then opened the floor for questions and comments about the report. On behalf of Ms. Randi Carter, a member of the Task Force who was unable to attend the meeting, the Chair asked for a motion to amend the report by adding a recommendation that MSDH implement training for parents to inform them about their rights in the early intervention program and about the dispute and complaint processes. Upon the motion of Senator Nicole Boyd, seconded by Ms. Ashton Hotard, the Task Force voted unanimously to adopt the amendment.

After discussion, the Chair asked for a motion to approve and release the Task Force's report as amended, which is due on December 1, 2024. Upon the motion of Dr. Kasee Stratton-Gadke, seconded by Dr. Heather Hanna, the Task Force voted unanimously to approve the report as amended.

Senator Nicole Boyd, Senator Hob Bryan, and the Chair extended their thanks to the Task Force, PEER staff, MSDH staff, state legislators, and other experts in the state who worked many hours to develop the Task Force report and recommendations and, more generally, who utilize their various areas of specialty to make the state function effectively.

There being no further matters for discussion, the Chair called for a motion to adjourn. Upon the motion of Senator Nicole Boyd, seconded by Dr. Tanya Fitts, the Task Force adjourned at approximately 2:40 p.m.



-----  
Dr. Susan Buttross, Chair