



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi First Steps Early Intervention Program

Provider Enrollment Packet 2021-2022

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VISION

Mississippi's children with special needs, under three years of age, and their families will grow, develop, learn, and actively participate in their homes and communities throughout their lives.

MISSION

The Mississippi First Steps Early Intervention Program provides high-quality, family-centered developmental supports and services to families and caregivers to enhance their child's development through early learning opportunities embedded in their daily routines and activities.

Principles and Values Statements

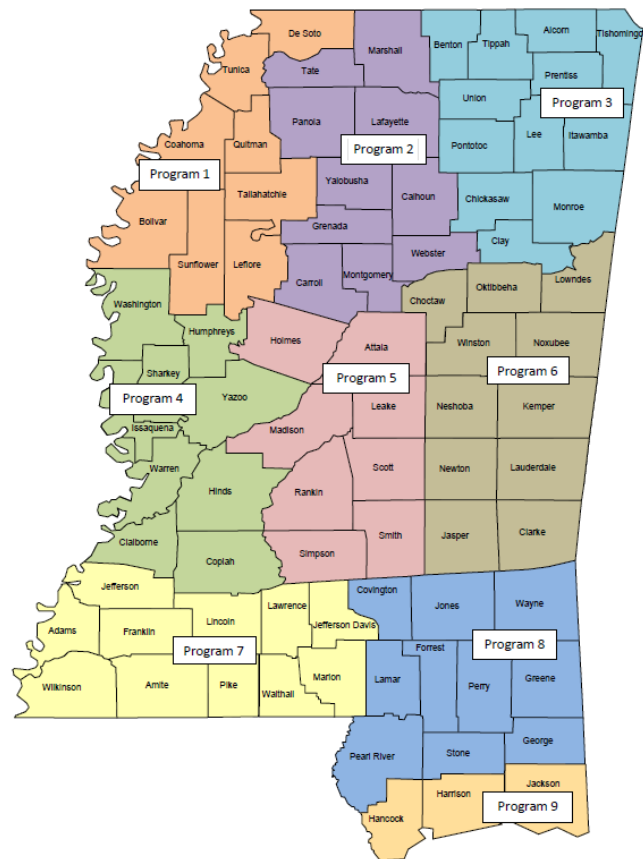
1. Early identification, early services and supports, and family involvement are critical for optimal development of young children. The earlier supports and services begin, the better the developmental outcomes for the infant or toddler and the family.
2. Infants and toddlers learn best through enriched environments, everyday experiences, and interactions with familiar people in familiar contexts.
3. The early intervention process, from referral through transition, must be dynamic and individualized to honor and respect each family's preferences for their child and family, learning styles, and cultural beliefs.
4. All families, with the necessary supports and resources, can enhance their child's early learning and development.
5. The family's concerns, priorities, and resources are addressed more appropriately by a primary service provider who represents and receives team and community support.
6. The primary role of service providers and coordinators in the early intervention process is to work with and support family members and caregivers in making informed decisions about their children's lives.
7. The Individualized Family Service Plan (IFSP) outcomes must be functional, based on high-quality standards, and meet family-identified priorities based on the child's and family's needs.
8. Interventions with young children and family members must be based on explicit principles, the best available research, validated practices, and relevant laws and regulations.
9. Children are most likely to attain their goals when families actively participate in service provision and consistently incorporate interventions into their daily routines and activities.
10. Transition is a process of transforming relationships and responsibilities. Service Coordinators work collaboratively with other agencies and program staff to ensure a smooth and effective process.

Mississippi First Steps Early Intervention Program (MSFSEIP) Overview

The Mississippi First Steps Early Intervention Program (MSFSEIP) is responsible for overseeing the provision of early intervention services to infants and toddlers with disabilities and their families according to Part C of the *Individuals with Disabilities Education Act* in Mississippi. The Mississippi State Department of Health is the Lead Agency in this interagency effort.

Mississippi's 82 counties are organized into three public health regions, each of which operates three Local Early Intervention Programs (LEIP), for a total of nine LEIPs. Each LEIP is responsible for ensuring all eligible infants and toddlers and their families are connected to early intervention services in their community to promote child and family outcomes.

The State EIP establishes program policies and procedures, reports data to the Department of Education, provides general supervision and technical assistance to each of the LEIPs, and provides opportunities for professional development for early intervention providers across the state.



Regional and LEIP Contacts

Area	Name	Phone	Email
Region 1	Melissa Cox Quena Mills	662-841-9015	Melissa.Cox@msdh.ms.gov Quena.Mills@msdh.ms.gov
LEIP 1	Tamiela Ramsey	662-624-8316	Tamiela.Ramsey@msdh.ms.gov
LEIP 2	Michele Masterson	662-563-4618	Michele.Masterson@msdh.ms.gov
LEIP 3	Claudia Shedd	662-534-1926	Claudia.Shedd@msdh.ms.gov
Region 2	Tonia Wilson-Warner	601-981-2304	Tonia.Wilson-Warner@msdh.ms.gov
LEIP 4	Paulita Edwards-Childs	601-981-2304	Paulita.Edwards@msdh.ms.gov
LEIP 5	LaSondra McIntyre	601-981-2304	LaSondra.McIntyre@msdh.ms.gov
LEIP 6	Jimmie McCarty	662-323-7313	Jimmie.McCarty@msdh.ms.gov
Region 3	Anissa Pace April Sorel	228-436-6770 228-432-3421	Anissa.Pace@msdh.ms.gov April.Sorel@msdh.ms.gov
LEIP 7	Lisa Bonds	601-684-9411	Lisa.Bonds@msdh.ms.gov
LEIP 8	Stephenie Bailey	601-583-0291	Stephenie.Bailey@msdh.ms.gov
LEIP 9	Gina Smith	228-575-4026	Gina.Smith@msdh.ms.gov

Mississippi State Interagency Coordinating Council (MSICC)

The Mississippi State Interagency Coordinating Council (MSICC) is an advisory council appointed by the Governor to advise and assist the Mississippi State Department of Health in implementing the requirements of Part C of IDEA. The MSICC seeks to provide interagency collaboration to assist families of children served to gain knowledge of services, locate services, be provided services, and to transition to more appropriate services at three years of age. At least 20% of the MSICC must be comprised of public or private providers of early intervention services according to federal regulations (34 CFR §§ 303.600-303.605) and state statute (MS Code 41-87-7). The MSICC meets quarterly and is a public meeting open to all who wish to attend. More information can be found on the MSICC website: http://msdh.ms.gov/msdhsite/_static/41,0,74,767.html.

Stakeholders, including MSICC members and non-members, are engaged in multiple Workgroups who provide guidance and feedback on systemic improvement efforts as well as general advice on program administration. Previous and current Workgroups are focused on assisting the MSFSEIP with:

- Development and implementation of program standards
- Development and implementation of early learning standards for infants and toddlers
- Development and implementation of personnel standards
- Development and implementation of a comprehensive data system
- Development and implementation of new preservice and inservice opportunities for development of the early intervention/early childhood special education workforce
- Implementation of evidence-based practices for family engagement, assessment practices, and early language development

Please contact the State EIP Office if you are interested in being nominated to serve on the SICC or participating on a Stakeholder Workgroup. (Note: Stakeholder Workgroup members are not required to be SICC members.)

Regulations, Policies, and Procedures

Federal Regulations

The federal requirements for the MSFSEIP are outlined in the Code of Federal Regulations, Title 34: Education, Subtitle B, Part 303: *Early Intervention Program for Infants and Toddlers with Disabilities*. These regulations provide definitions, including *early intervention services* and *qualified personnel*, set program requirements, and outline the rights of families under Part C of IDEA. All early intervention personnel are required to understand and comply with these regulations, including any provisions related to timelines, services, and confidentiality. These regulations may be found online under the Electronic Code of Federal Regulations: <https://www.ecfr.gov/>.

State Policies and Procedures

The state requirements for the MSFSEIP are outlined in the *State Policies, Methods, and Descriptions* and *Early Intervention Procedures* documents. These policies and procedures provide state definitions, including *timely services*, and set eligibility criteria. All early intervention personnel are required to understand and comply with these policies and procedures. These policies and procedures may be found online on the MSDH Early Intervention website: <http://msdh.ms.gov/msdhsite/ static/41,0,74.html>.

A brief description of these policies and procedures are as follows:

- **Referrals** – All children between birth and 45 days before their third birthday who may be eligible for early intervention services must be referred to the Central Referral Unit within seven (7) days of identification. Referrals may be made by anyone with knowledge of the child without requiring parental consent. A complete referral must include the child's name, date of birth, and the parent or guardian's name and contact information. The current referral form is located on the early intervention website.
- **Screening, Evaluation, and Assessment** – All infants and toddlers who are referred will be offered a screening, evaluation, and/or assessment, as appropriate:
 - Any child referred by Child Protective Services without an established condition or specific referral concern will be offered a screening to determine if an evaluation is warranted. A (foster) parent may request and receive an evaluation at any point.
 - Any child referred due to a suspected developmental delay without an established condition will be provided an initial evaluation to determine eligibility.
 - Any child referred for and determined eligible based on an established condition does not need an evaluation to establish eligibility and will be provided an initial assessment to determine strengths and weaknesses.
 - Any evaluation or assessment will be conducted by a multidisciplinary team, including the parent and Service Coordinator.
- **Eligibility** – Infants and toddlers who meet the following criteria are eligible to receive early intervention services:
 - Evidence of an Established Condition
 - This includes any diagnosis that has a high probability of resulting in developmental delay.
 - These conditions include but are not limited to chromosomal abnormalities, genetic or congenital disorders, sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the nervous system, congenital infection, severe attachment disorders, and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.
 - For a complete list, consult the established condition list in the procedures.
 - Evidence of a Developmental Delay

- This includes delays in the following developmental domains: cognitive, physical (includes gross and fine motor), communication (includes receptive and expressive language), social-emotional, and adaptive behavior.
 - 33% delay (1.5 standard deviations ¹ below the mean) in any developmental domain
 - 25% delay (1.25 standard deviations ¹ below the mean) in any two or more developmental domains
- Informed Clinical Opinion may be used by qualified professionals to determine the initial and continuing eligibility if the child does not have an established condition and the child's evaluation results do not meet the criteria but the child has a need for early intervention based on disrupted or atypical development (e.g., lack of progress or regression, scattered skills) or behavior not easily captured by the evaluation (e.g., very young age, significant health concern/illness, or cultural consideration).
- Eligibility must be determined by a multidisciplinary team, including the parent and Service Coordinator.
- **Individualized Family Service Plan (IFSP)** – All eligible infants and toddlers will be offered an Individualized Family Service Plan.
 - The IFSP must be developed by a multidisciplinary team, including the parent, Service Coordinator, examiners, and service providers, as appropriate.
 - The IFSP will include the following information:
 - Reason for eligibility;
 - Special considerations, if any
 - Descriptions of the child's strengths and needs and child outcomes ratings
 - Descriptions of the child's natural environments and routines
 - Descriptions of the family's concerns, supports, and priorities
 - Child and family goals
 - Early Intervention services
 - Other services received and Linkage to other services and supports needed
 - Steps and services to transition to school and/or community services
 - The IFSP will be implemented as soon as possible, but no more than 40 days, after consent is provided by the parent.
 - The IFSP must be reviewed at least every six (6) months and update annually.
- **Early Intervention Services** – All eligible infants and toddlers will be connected to service designed to meet their developmental needs and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the family's IFSP Team. These services may include:
 - Assistive Technology Devices and Services
 - Audiological Services
 - Family Training and Counseling
 - Health Services
 - Medical Services
 - Nursing Services

- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Service Coordination
- Signed and Cued Language Services
- Social Work Services
- Special Instruction
- Speech-Language Services
- Transportation and Related Services
- Vision Services
- **Transition** – All infants and toddlers are potentially eligible for Special Education services under Part B of IDEA and will be referred to their local school district at least 90 days before their third birthday.
 - The Mississippi Department of Education and the local school district will be notified of a child potentially eligible for Part B Special Education services at 27 months of age or, if referred to early intervention after this date, as soon as eligibility for early intervention services is determined.
 - A transition conference will be provided with the IFSP Team and, with consent of the parent, representatives from school or community-based programs, at least 90 days before the child’s third birthday.
 - Each family will be provided a transition plan consisting of steps and services in their IFSP at least 90 days before the child’s third birthday.

¹ Please note the standard deviation provided reflects a change from previously provided criteria. These criteria better reflect the percentage of delay. Official policy changes to reflect this update are in process. Eligibility using these criteria will be accepted after July 1, 2020.

Evidence-Informed Practices

Federal regulations and state policies and procedures require the use of evidence-informed practices in the delivery of early intervention services. The MSFSEIP has adopted several specific evidence-based practices for implementation throughout the state including the following:

- **Routines-Based Model** – Developed based on decades of research by Robin McWilliam and outlined in *Routines-based early intervention: Supporting young children and their families* and <http://eieio.ua.edu/routines-based-model.html>, the RBM focuses on delivering high-quality supports and services through coaching and supporting families in helping their children. The RBM includes key components for:
 - Understanding the Family Ecology using Ecomaps
 - Needs Assessment and Intervention Planning using the Routines-Based Interview (RBI) and Functional Participation-based Child and Family Goals
 - Transdisciplinary Model of Service Delivery led by a Primary Service Provider
 - Serving Children in their Natural Environments using Support-Based Home Visits (Family Collaboration) and Collaborative Consultation in Child Care Settings

- **Division for Early Childhood Recommended Practices** – The Division for Early Childhood (DEC) is the professional association for early interventionists. Their Recommended Practices (<https://www.dec-sped.org/dec-recommended-practices>) bridge the gap between research and practice, offering guidance to parents and professionals who work with young children with developmental delays or disabilities. These practices identify the most effective ways to improve the learning outcomes and promote the development of children birth through age 5 who have developmental delays or disabilities. Practice domains for service providers include:
 - Assessment
 - Environment
 - Family
 - Instruction
 - Interaction
 - Teaming and Collaboration
 - Transition
- **Discipline-Specific Evidence-Informed Practices in Early Intervention** – Professional Association provide specific guidance on using discipline expertise in the context of service delivery:
 - **Academy of Pediatric Physical Therapy (American Physical Therapy Association)** provides guidance on pediatric physical therapy on their website: <https://pediatricapta.org/> and <https://pediatricapta.org/fact-sheets/> including on Physical Therapy in Early Intervention https://pediatricapta.org/includes/fact-sheets/pdfs/18%20PT%20in%20EI_Part%20C%20and%20State%20Practice%20Acts.pdf, Team-based Service Delivery <https://pediatricapta.org/includes/fact-sheets/pdfs/Service%20Delivery.pdf?v=1.1>. There is also an Early Intervention Special Interest Group with links to presentations and training provided by members <http://www.pediatricapta.org/special-interest-groups/early-intervention/pdfs/EI%20Presentation%20Promoting%20Best%20Practice-2.pdf>
 - **American Occupational Therapy Association** provides guidance on early intervention services on their website: <https://www.aota.org/Practice/Children-Youth/Early-Intervention/Resources.aspx> including a practice advisory <https://www.aota.org/~media/Corporate/Files/Practice/Children/Practice-Advisory-Early-Intervention.pdf>
 - **American Speech-Language-Hearing Association** provides extensive guidance on the delivery of early intervention services on their website: https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589943999§ion=Key_Issues with many embedded links
 - **Alliance for the Advancement of Infant Mental Health** provides guidelines for the delivery of culturally sensitive, relationship-focused practice in infant mental health <https://www.allianceaimh.org/endorsement-requirements-guidelines>

All early intervention personnel are required to attend training related to the implementation of evidence-based practices online and/or in-person.

Family Rights

Under IDEA, families are afforded specific rights and procedural safeguards outlined in the Mississippi Family Rights/Procedural Safeguards booklet provided to every family.

These rights include:

- Confidentiality of their records and consent prior to disclosure or use of their records
- Information about anyone who has accessed their records and the reason for access
- Opportunity to examine their records and receive copies of their records
- Request to have records amended
- Hearing to challenge the content of their records
- Request to have records destroyed after they are no longer needed by the program
- Consent prior to or decline any service offered
- Notice to parents of any action proposed or refused
- Dispute resolution options (mediation, state complaints, and due process hearings)
- Civil action to appeal a due process hearing decision
- Service provision at no out-of-pocket cost (e.g., deductible, copay)²
- Consent prior to the billing of any identified payor source (e.g., public or private insurance)

² Please note this does not include the costs for insurance premiums.

Families are provided written explanations of their rights and the process for accessing dispute resolution options at least annually. More information can be found in 34 CFR §§303.400-300.449: <https://www.ecfr.gov/> and on the MSDH Early Intervention website: http://msdh.ms.gov/msdhsite/_static/41,0,74.html

Family Engagement

Families are expected to actively participate in the delivery of early intervention services. Early Intervention Programs are required to ensure families who participate in Part C services are helped to (a) know their rights, (b) effectively communicate their children's needs, and (c) help their children develop and learn. To this end, families are expected to be actively engaged in the:

- Initial evaluation and/or assessment of their child
- Rating of their child's performance on early childhood outcomes
- Selection of goals for their child and their family
- Selection of services to assist them in achieving their goals
- Selection of the location for service delivery
- Selection of the payor source that may be accessed to pay for the services delivered
- Delivery of services
- Ongoing assessment

All early intervention personnel are required to use family-centered approaches to promote the active engagement of families in decision-making related to their child and to support families in achieving the goals they have selected for their child and family.

Provider Requirements and Enrollment Process

Provider Licensure/Certification

To become an early intervention provider, you must have a current license to practice your specific discipline in the State of Mississippi.

Provider	Licensing/Certification Entity
Assistive Technology Specialist/ Augmentative and Alternative Communication	Rehabilitation Engineering and Assistive Technology Society of North America Certification https://www.resna.org/Certification <ul style="list-style-type: none"> • Assistive Technology Professional (ATP) • Seating and Mobility Specialist (SMS) • Rehabilitation Engineering Technologist (RET) -OR- License in Occupational, Physical, or Speech Therapy who meets professional standards to conduct AT evaluations, select devices, and/or provide services
Audiologist	Licensed by the Mississippi State Department of Health https://msdh.ms.gov/msdhsite/ static/30,0,82.html -OR- Licensed by the Mississippi Department of Department of Education https://www.mdek12.org/OEL <ul style="list-style-type: none"> • License/Endorsement: 202 Audiologist
Behavior Analyst/ Assistant Behavior Analyst	Licensed by the Mississippi Autism Board (Licensing Board for the Practice of Applied Behavior Analysis) https://www.msautismboard.ms.gov/Licensure.aspx
Counselor	Licensed by the Mississippi State Board of Examiners for Licensed Professional Counselors https://www.lpc.ms.gov/wplpc/
Family Therapist	Licensed by the Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists https://www.swmft.ms.gov/
Nurse Practitioner/ Registered Nurse	Licensed by the Mississippi Board of Nursing https://www.msbn.ms.gov/licensure/applications-and-forms
Occupational Therapist/ Occupational Therapist Assistant	Licensed by the Mississippi State Department of Health https://msdh.ms.gov/msdhsite/ static/30,0,82.html
Ophthalmologist	Licensed by the Mississippi State Board of Medical Licensure https://www.msbnl.ms.gov/
Optometrist	Licensed by the Mississippi State Board of Optometry https://www.msbo.ms.gov/
Orientation and mobility specialist	National Orientation and Mobility Certification https://www.nbpcb.org/nomc/

Provider	Licensing/Certification Entity
	-OR- Academy for Certification of Vision Rehabilitation & Education Professionals https://www.acvrep.org/index
Physical Therapist/ Physical Therapist Assistant	Licensed by the Mississippi State Board of Physical Therapy https://www.msbpt.ms.gov/secure/index.asp
Physician/ Physician Assistant	Licensed by the Mississippi State Board of Medical Licensure https://www.msbml.ms.gov/
Psychologist	Licensed by the Mississippi Board of Psychology https://www.psychologyboard.ms.gov
Registered Dietician	Licensed by the Mississippi State Department of Health https://msdh.ms.gov/msdhsite/ static/30,0,82.html
School Psychologist	Licensed by the Mississippi Department of Department of Education https://www.mdek12.org/OEL <ul style="list-style-type: none"> License/Endorsement: 451 School Psychologist
Social Worker	Licensed by the Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists https://www.swmft.ms.gov/
Special Instructor	Licensed by the Mississippi Department of Department of Education https://www.mdek12.org/OEL <ul style="list-style-type: none"> Preferred License/Endorsement: 211 Early Intervention/Special Education Birth-Kindergarten Acceptable License/Endorsements: 221 or 223 Mild/Moderate Disability, 222 Severe Disability, 206 Emotional Disability
Special Instructor: Teacher of the Deaf/Hard of Hearing	Licensed by the Mississippi Department of Department of Education https://www.mdek12.org/OEL <ul style="list-style-type: none"> License/Endorsement: 209 Early Oral Intervention (Listening/Spoken Language), 208 Hearing Disability
Special Instructor: Teacher of the Visually Impaired	Licensed by the Mississippi Department of Education https://www.mdek12.org/OEL <ul style="list-style-type: none"> License/Endorsement: 218 Visually Impaired
Speech and Language Pathologist	Licensed by the Mississippi State Department of Health https://msdh.ms.gov/msdhsite/ static/30,0,82.html -OR- Licensed by the Mississippi Department of Department of Education https://www.mdek12.org/OEL <ul style="list-style-type: none"> License/Endorsement: 215 Speech Language Clinician (for communication issues only)

Evidence of a current license/credential in good standing must be provided prior to the approval of a service provider agreement. Licenses/Credentials must be maintained throughout the duration of the dates of the agreement for continued service delivery.

Early Intervention Personnel Standards

All early intervention professionals are expected to meet the *Entry-Level Personnel Standards for Early Interventionists* adopted by the Mississippi First Steps Early Intervention Program based on the Professional Standards from the Division for Early Childhood.

Child Development and Early Learning

Early Intervention Professionals are expected to:

- 1.1. Demonstrate an understanding of different theories and philosophies of early learning and development and the impact they have on assessment and intervention decisions.
- 1.2. Apply knowledge of typical early development, individual differences, and families' social, cultural, and linguistic diversity to support each child's development and learning across contexts.
- 1.3. Apply knowledge of biological and environmental factors that may impact children's early development and learning as they plan and implement early intervention.
- 1.4. Demonstrate an understanding of characteristics, etiologies, and individual differences within and across disabilities, their impact on children's early development and learning, and implications for assessment and intervention.

Partnering with Families

Early Intervention Professionals are expected to:

- 2.1. Apply knowledge of family-centered practices, family systems theory, and the changing needs and priorities in families' lives to develop trusting, respectful, affirming, and culturally responsive partnerships with all families to allow for the mutual exchange of knowledge and information.
- 2.2. Communicate clear, comprehensive, and objective information about resources and supports to help families make informed decisions and advocate for access, participation, and equity in natural and inclusive environments.
- 2.3. Engage families in identifying their strengths, priorities, and concerns; support families to achieve the goals they have for their family and their young child's development and learning; and promote families' competence and confidence during assessment, individualized planning, intervention, and transition.

Collaboration and Teaming

Early Intervention Professionals are expected to:

- 3.1. Collaborate and communicate with families; professionals representing multiple disciplines, skills, expertise, and roles; and community partners and agencies using best practices for teaming, including appropriate uses of technology.
- 3.2. Use a variety of collaborative strategies when working with other adults that are evidence-based, appropriate to the task, culturally and linguistically responsive, and take into consideration the environment and service delivery approach.

- 3.3. Partner with families and other professionals to develop individualized plans and support transitions for young children and their families from birth to three.

Assessment and Evaluation

Early Intervention Professionals are expected to:

- 4.1. Understand the purposes of formal and informal assessment, including ethical and legal considerations, and use this information to choose developmentally, culturally, and linguistically appropriate, valid, reliable tools and methods that are responsive to the characteristics of the young child, family, and program.
- 4.2. Develop and administer informal assessments and/or select and use valid, reliable formal assessments using evidence-based practices, including technology, in partnership with families and other professionals.
- 4.3. Analyze, interpret, document, and share assessment information using a strengths-based approach with families and other professionals.
- 4.4. In collaboration with families and other team members, use assessment data to determine eligibility, develop child and family-based outcomes/goals, plan for interventions and instruction, and monitor progress to determine efficacy of programming.

Early Intervention Professional Practice

Early Intervention Professionals are expected to:

- 5.1. Collaborate with families and other professionals in identifying evidence-based interventions to address development and to design and facilitate meaningful and culturally responsive learning experiences that support the unique abilities and needs of all children and families.
- 5.2. Use knowledge of early childhood development to plan and ensure equitable access to universally-designed, developmentally-appropriate, and challenging learning experiences in natural and inclusive environments to promote engagement, independence, and social relationships.

Responsive and Reciprocal Interactions and Interventions

Early Intervention Professionals are expected to:

- 6.1. In partnership with families, identify and use systematic, responsive, and intentional evidence-based practices with fidelity to support young children's learning and development across all developmental domains.
- 6.2. Engage in reciprocal partnerships with families and other professionals to facilitate responsive adult-child interactions and interventions in support of child learning and development.
- 6.3. Engage in ongoing planning and use flexible and embedded instructional and environmental arrangements and appropriate materials to support the use of interactions and interventions addressing developmental domains, adapted to meet the needs of each child and their family.

- 6.4. Promote young children’s social and emotional competence and communication, and proactively plan and implement function-based interventions to prevent and address challenging behaviors.
- 6.5. Identify and create multiple opportunities for young children to develop and learn play skills and engage in meaningful play experiences across contexts.
- 6.6. Use responsive interactions and interventions with sufficient intensity and types of support across activities, routines, and environments to promote child learning and development and facilitate access, participation, and engagement in natural environments and inclusive settings.
- 6.7. Plan for, adapt, and improve approaches to interactions and interventions based on multiple sources of data across a range of natural environments and inclusive settings.

Professionalism and Ethical Practice

Early Intervention Professionals are expected to:

- 7.1. Engage with the profession of Early Intervention/Early Childhood Special Education (EI/ECSE) by participating in local, regional, national, and/or international activities and professional organizations.
- 7.2. Engage in ongoing reflective practice and access evidence-based information to improve their own practices.
- 7.3. Exhibit leadership skills in advocating for improved outcomes for young children, families, and the profession, including the promotion of and use of evidence-based practices and decision-making.
- 7.4. Practice within ethical and legal policies and procedures.

Training and Technical Assistance

Training may be obtained online and in-person from a variety of sources to assist Early Intervention professionals in meeting these competencies, including from the Division for Early Childhood (<https://www.dec-sped.org/>) and other professional associations, the Early Childhood Technical Assistance Center (<https://ectacenter.org/>) and other OSEP-funded technical assistance centers, and through the Mississippi First Steps Early Intervention Program.

All new Early Intervention professionals will be expected to complete training modules on professional early intervention practice prior to beginning service delivery. Modules will focus on family-centered practices, evidence-informed interventions, coordination and collaboration, and professionalism. Specific orientation topics will include child and family rights under IDEA, conducting assessments and evaluations (including child outcomes ratings), the development and implementation of individualized family service plans (IFSP), documentation of service delivery, and using the Mississippi Infant-Toddler Intervention (MITI) data system. Renewing Early Intervention professionals will be expected to complete annual training on professional practice throughout the year.

Provider Enrollment Process

To become an early intervention provider, please complete the following steps:

1. Register as a Vendor with the State of Mississippi

All early intervention providers must first register as a vendor with the Mississippi Department of Finance and Administration. Information can be found on the DFA website: <https://www.dfa.ms.gov/dfa-offices/mrms/mississippi-suppliers-vendors/> Providers must register (1-866-252-7366) with [PayMode](#) to receive direct deposit.

2. Review the Terms of the Service Provider Agreement (SPA)

The Service Provider Agreement form is posted on the MSDH website. A copy may be emailed to you for your review.

3. Complete the Conflicts of Interest

- a. List all other current agreements/contracts with MSDH, including the dollar amount with the agreement/contract and beginning and ending dates.
- b. List each member's name of your organization's Board of Directors or other governing body (i.e., trustees, alderman, partners, owner).
- c. Identify any members of the governing body or project staff who are also MSDH employees.
- d. Identify any members of the governing body or project staff who are also spouses, parents, or children of MSDH employees.
- e. Provide the name and title of the individual providing the information and the date it was provided.

4. Submit all required documentation

- a. Organization information
- b. Service Provider information for any individual covered under the agreement
- c. Current and accurate Form W-9³
- d. If applicable, Public Employees' Retirement System of Mississippi *Employee vs. Independent Contractor Determination Questionnaire* Form, if any individuals covered by this agreement are a PERS service retiree

³ This information must match the information on the vendor registration provided to the DFA.

5. Approval of the SPA by the Mississippi State Department of Health

Once all required documentation has been submitted, the SPA will be routed for review and approval by the Mississippi State Department of Health.

6. Signature of the SPA by the All Parties

Once approved, the SPA will be sent to the organization's contact/authorized signer for electronic signature via DocuSign. Once signed by the organization's authorized signer and the State Health Officer, the SPA will be in effect and an electronic copy will be sent to the organization's authorized signer for record keeping.

Service Provision, Documentation, and Billing

Referrals for Services

Service Coordinators are responsible for contacting service providers (agencies) to make a referral for service provision, including evaluations/assessments.

Prior to the delivery of any service, the service must be listed on the child's and family's current IFSP and consent must be provided by the parent. Planned services listed on the IFSP will include a description of the service provision parameters, including:

- Service type to be provided
- Start and end dates during which the service is authorized
- Method of Delivery (e.g., modeling)
- Intensity (e.g., individual)
- Setting (e.g., family/guardian home)
- Frequency (e.g., # weekly)
- Length (HR:MIN)
- Payor Source (up to three payor sources)
- Justification for non-natural environment, if applicable

Each authorized agency and provider must review the requested service and either accept or refuse the referral, based on their availability and/or skills/expertise in meeting the needs of the child and family.

Note: Initial evaluations are not listed on the IFSP as eligibility has not yet been determined; however, it is listed as a planned service and must be accepted or refused by the individual service provider prior to conducting the evaluation.

Service Provision

Early Intervention services should occur in **natural environments**—or settings that are natural or typical for same-aged infants or toddlers without disabilities and where the child and family spend most of their time during the day. A child's natural environment may be their home, informal childcare—such as family, friend, or neighbor care—or a formal childcare or preschool setting. Implementing services in these settings support early intervention providers in coaching caregivers to incorporate strategies into daily routines—allowing for more frequent and consistent practice and better outcomes.

Services may be provided in other settings when they are determined to be the most appropriate setting by the parent and the IFSP Team, and only when early intervention services cannot be achieved satisfactorily in a natural environment. A written justification must be provided for each service provided in a non-natural environment setting.

MITI Data System

After July 1, 2020, early intervention records will be maintained in the Mississippi Infant Toddlers Intervention (MITI) data system [*pronounced as “mighty”*]. All early intervention service providers and agency administrators (billing contacts) will access the MITI data system to document for their assigned caseload:

- Evaluation/Assessment results
- Service provision notes on the Service Log
- Contacts made on the behalf of an individual child on the Communication Log
- Quarterly Reports on Progress
- Accounts payable for services provided (agency administrators only)

Although MITI contains most of the child record, some documents must be kept in a file, including original protocols, medical records, and documents with wet signatures.

Documentation of Services Provided

Service Providers must document each service provided on the Service Log for the individual child, including documenting the service provided, the date of service, start and end times, miles traveled (if applicable), actual setting, and service note.

Billing for Services Provided

All services must be billed according to the payor source identified in the System of Payments. MSDH is the Payor of Last Resort (POLR); therefore, private or public insurance must be billed, with consent, prior to billing the MSDH. Denials must be documented with the submission of the Explanation of Benefits (EOB). Reimbursement for services for which MSDH is the POLR will be paid according to the Fee Schedule included in the SPA. Rates differ by service type, credentials, and settings. Agency Administrators must submit the bill using the Account Payable feature of the MITI data system. Once the billed amounts are approved, an invoice is generated and submitted to the provider for (electronic) signature before the payment is processed.

Training and Access to the MITI Data System

All Service Providers and Agency Administrators (Billing Contacts) must complete training on the use of MITI prior to being given access to the data system. Training on the MITI data system is provided in three steps:

1. Completion of the *Service Provider MITI Overview* module online.
2. Entering sample case records in the MITI Training website:
 - a. Evaluation/Assessment results
 - b. Service Log entries for services delivered, service provider cancellations, family cancellations, and family no shows
 - c. Communication Log entries including a Quarterly Progress Report
 - d. (Agency Administrator) Accounts Payable for services where the payor source is MSDH, Private Insurance, Medicaid/Public Insurance
3. Review, Feedback, and Approval from the MITI Trainer.

Contacts

State Early Intervention Program

MSDH-Early Intervention
570 East Woodrow Wilson Drive
P.O. Box 1700
Jackson, MS 39215-1700

Toll-Free: 1-800-451-3903
Office Phone: (601) 576-7427
Office Fax: (601) 576-7540

Beryl Polk, Health Services Director
Stacy Callender, Child & Adolescent Health Director
Miranda Richardson, Early Intervention Director
Vacant, Data Manager
Vacant, Monitoring Coordinator
Chandra James, Referral Coordinator
Rebecca Abney, Financial Coordinator

Beryl.Polk@msdh.ms.gov
Stacy.Callender@msdh.ms.gov
Miranda.Richardson@msdh.ms.gov
Chandra.James@msdh.ms.gov
Rebecca.Abney@msdh.ms.gov

Regional Early Intervention Programs

Please submit all inquiries and required documentation to the appropriate Regional Early Intervention Program for the area in which you wish to serve:

Northern Region Early Intervention
532 South Church Street
P.O. Box 199
Tupelo, MS 38802
Office Phone: 662-841-9015

Melissa Cox, Regional Coordinator
melissa.cox@msdh.ms.gov
Quena Mills, Administrative Assistant
Quena.Mills@msdh.ms.gov

Central Region Early Intervention
4800 McWillie Circle
Jackson, MS 39206
Office Phone: 601-981-2304

Vacant, Regional Coordinator
Tonia Wilson-Warner, Administrative Assistant
Tonia.Wilson-Warner@msdh.ms.gov

Southern Region Early Intervention
Bolton Building
1141 Bayview Drive, #102
Biloxi, MS 39530
Office Phone: 228-436-6770

Anissa Pace, Regional Coordinator
Anissa.Pace@msdh.ms.gov
April Sorel, Administrative Assistant
April.Sorel@msdh.ms.gov



MISSISSIPPI FIRST STEPS EARLY INTERVENTION PROGRAM
PROVIDER ENROLLMENT FORM

Required Organization Information:

Organization Name: _____
Contact/Title: _____
Email: _____ Phone: _____
Authorized Signer/Title: _____
Email: _____ Phone: _____
Billing Contact/Title: _____
Email: _____ Phone: _____
Website: _____ Fax: _____
Mailing Address: _____ City/St/Zip: _____
Physical Address: _____ City/St/Zip: _____
EIN or SSN: _____ MAGIC Vendor #: _____
[Vendor # must be provided before SPA can be executed]

Conflicts of Interest:

Please attach additional pages, as needed, to address each question:

List all other current agreements/contracts with MSDH, including the dollar amount and beginning and ending dates. If no other funds are received, please mark N/A.:

Table with 4 columns: MSDH Program Name, Dollar Amount, Beginning Date, Ending Date. Contains 4 empty rows for data entry.

Please list the name of each member of your organization's Board of Directors or other governing body (e.g., trustees, alderman, partners, owner)

Empty rectangular box for listing Board of Directors or other governing body members.

List any governing body members or staff who are also MSDH employees.

Empty rectangular box for listing governing body members or staff who are also MSDH employees.

List any governing body members or staff who are also spouses, parents, or children of MSDH employees.

Empty rectangular box for listing governing body members or staff who are also spouses, parents, or children of MSDH employees.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Required Service Provider Information:

For each individual covered by this agreement, please provide the following information:

First and Last Name: _____

Any Alternate Name on Degree/License: _____

Discipline: _____ Highest Degree: _____

License #: _____ Expiration Date: _____

Email: _____ Phone: _____

Address: _____ City/St/Zip: _____

[If different from Organization Address]

County(ies) Served: _____

Languages Spoken other than English: _____

Maximum Caseload: _____ Provide Telehealth Services: Yes No

Hours Available ⁴	Day	Evening	Weekend
Evaluation/Assessment			
Service Provision			

Required Service Provider Information:

For each individual covered by this agreement, please provide the following information:

First and Last Name: _____

Any Alternate Name on Degree/License: _____

Discipline: _____ Highest Degree: _____

License #: _____ Expiration Date: _____

Email: _____ Phone: _____

Address: _____ City/St/Zip: _____

[If different from Organization Address]

County(ies) Served: _____

Languages Spoken other than English: _____

Maximum Caseload: _____ Provide Telehealth Services: Yes No

Hours Available ⁴	Day	Evening	Weekend
Evaluation/Assessment			
Service Provision			

⁴ This information will be used by Service Coordinators to make referrals. It can be updated as needed.