



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi First Steps Early Intervention Program

Provider Enrollment Packet 2020-2021

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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 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 following *Entry Level Competencies for Early Intervention Professionals* adopted by the Mississippi First Steps Early Intervention Program. Related training will be provided online or in-person.

Professional and Ethical Practice

Early Intervention Professionals are expected to:

1. Use professional ethical principles and professional practice standards to guide their work
2. Meet and maintain all state licensing, credentialing and ethical codes as established by individual licensing agencies, as well as through First Steps.
3. Assist families to understand relevant laws and their rights regarding federal, state, and program procedural safeguards (e.g., IDEA, ADA)
4. Use and apply procedural safeguards and family rights, including but not limited to: obtaining informed consent, maintaining confidentiality, and developing appropriately writing referrals.
5. Refrain from marketing products, soliciting business and selling from parents or caregivers while representing First Steps.
6. Refrain from influencing or lobbying while representing First Steps.
7. Demonstrate professional conduct, appearance, and attitudes that portray the values of the First Steps system of family-centered care.
8. Conduct all services within a family-centered, inclusive, and culturally competent model.
9. Maintain professional relationships and boundaries with families served within the First Steps system.
10. Attend classes or training and/or conduct independent reading to remain abreast of current practices in the field of early childhood/early intervention.

Professional Practice Knowledge

Early Intervention Professionals are expected to:

1. Develop, implement, and evaluate learning experiences and strategies that respect the diversity of infants and young children, and their families
2. Develop and match learning experiences and strategies to individualized developmental needs and characteristics of infants and young children
3. Recognize family and child interactions as the primary contexts for development and learning.
4. Support and facilitate the caregiver's responses to a child's cues and preferences, help establish predictable routines and turn-taking, and facilitate communicative initiations.
5. Embed learning opportunities in everyday routines, relationships, activities, and places to provide a model for caregivers.
6. Promote interactions among peers, parents, and caregivers using peer models and proximity, and responsive adults in natural environments.

Infant/Toddler Development and Learning

Early Intervention Professionals are expected to:

1. Recognize theories and patterns of normal development birth to age three.
2. Use evidence-based interventions, strategies, activities, and resources that address the outcomes related to development and disability.
3. Identify atypical development including common genetic and medical conditions and their impact on development and the effects of stress, trauma, neglect, and abuse on development.
4. Demonstrate knowledge of the significance of early brain development that occurs during a child's first 3 years of life.
5. Apply practices that use play and relationship-based practices and approaches to promote development.
6. Apply principles of infant mental health, such as attachment, bonding, responsive caregiving, and building confidence and social competencies within the context of relationships.
7. Demonstrate evidence-based interventions, strategies, activities, and resources that address outcomes related to all developmental domains (social and emotional development, communication, motor, cognitive, and adaptive development).

Partnerships with Families

Early Intervention Professionals are expected to:

1. Recognize the family's role in the development of the very young child, including the child with special needs.
2. Recognize the potential impact of the child with special needs on the individual family, such as family stressors, divorce rates, and child abuse rates.
3. Address grief and loss as it applies to parenting a child with special needs.
4. Demonstrate cultural competence and recognize how values affect family-professional relationships.
5. Appreciate variations in adult learning styles.
6. Demonstrate collaborative partnerships with families that build families' sense of parenting competence and confidence.
7. Implement family-centered practices for assessment and intervention.
8. Summarize and present results of assessment information to the family in jargon-free language and in the context of child strengths.
9. Use effective communication skills including written and alternate formats

Professional Collaboration and Leadership

Early Intervention Professionals are expected to:

1. Use evaluation and assessment information, with the family and other team members, to formulate developmentally appropriate outcomes and to identify effective strategies, activities and resources that address those outcomes.
2. Facilitate transitions for children and families to a variety of settings (e.g., community-based programs, school districts).

3. Demonstrate effective communication with other team members and professionals for the purpose of integrating knowledge and supporting the family with an interdisciplinary approach to services.
4. Understand team members' roles, contributions, and procedures, including the roles of the family and other agencies (e.g., timelines, eligibility, documentation, and transition).
5. Facilitate child, family, and professional advocacy awareness through networking and collaboration with agencies.
6. Comply with state mandates regarding children and families (e.g., abuse and neglect reporting, standards, confidentiality).
7. Communicate with health care professionals, (e.g., giving feedback and obtaining input regarding assessment and intervention).
8. Maintain professional conduct with other providers and service coordinators, lead agency staff, lead education agency staff, administrators, and First Steps Stakeholders.

Health & Safety

Early Intervention Professionals are expected to:

1. Identify health problems common in infants and toddlers with disabilities, with chronic disorders, and/or with communicable disease.
2. Implement basic health, nutrition, and safety management practices, including safeguards regarding illnesses and communicable disease.
3. Identify signs of child abuse, neglect, and emotional distress and report suspected abuse or neglect
4. Demonstrate confidentiality with obtaining medical records and managing and maintaining records.
5. Practice appropriate precautions and applicable procedures to ensure a safe learning environment
6. Practice appropriate procedures for emergencies and injuries

Assessment and Evaluation

Early Intervention Professionals are expected to:

1. Apply and follow the eligibility process for early intervention services in Mississippi
2. Demonstrate competence with screening, evaluation, and assessment, including determination of initial and ongoing eligibility, IFSP development, and measuring progress toward outcome attainment.
3. Select, administer, and score individualized assessments for children birth to age three.
4. Collaborate with the family in the evaluation and assessment process to identify the current level of functioning, strengths and needs of the child, including interactions between the child and caregivers in multiple settings
5. Integrate, interpret, and summarize evaluation and assessment findings and other pertinent information such as medical, nutritional, and family history
6. Develop reports that are clear, informative, sensitive, and useful.

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, Office of Child & Adolescent Health Director Beryl.Polk@msdh.ms.gov
Stacy Callender, Early Intervention Director Stacy.Callender@msdh.ms.gov
Valecia Davis, Operations Director Valecia.Davis@msdh.ms.gov
Miranda Richardson, Data Manager Miranda.Richardson@msdh.ms.gov
Pamela Kendrick, Monitoring Coordinator Pamela.Kendrick@msdh.ms.gov
Chandra James, Referral Coordinator Chandra.James@msdh.ms.gov
Rebecca Abney, Financial Coordinator 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

Sheila Covington, Regional Coordinator
Sheila.Covington@msdh.ms.gov
Vacant, Administrative Assistant

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:

Name of Organization:
Contact Person: Title:
Authorized Signer: Title:
Email: Phone:
Website: Fax:
EIN: or SSN:
Street Address: P.O. Box:
City: State: Zip:
MAGIC Vendor #: (must be provided before SPA can be executed)

If different from the contact person provided above:

Billing Contact:
Email: Phone:

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:
Work Address: P.O. Box:
City: State: Zip:
Email: Referral Phone:
County(ies) Served:

Languages Spoken other than English:

Approved for Telehealth: Yes No Access to Encrypted Account: Has Needs
Evaluation/Assessment Availability: (number of openings)4

Day: Evening: Weekend

Service Provision Availability: (number of openings)4

Day: Evening: Weekend

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



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Required Service Provider Information:

First and Last Name: _____

Any Alternate Name on Degree/License: _____

Discipline: _____ Highest Degree: _____

License: _____ Expiration Date: _____

Work Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Email: _____ Referral Phone: _____

County(ies) Served: _____

Languages Spoken other than English: _____

Approved for Telehealth: Yes No Access to Encrypted Account: Has Needs

Evaluation/Assessment Availability: (number of openings)⁴

Day: _____ Evening: _____ Weekend _____

Service Provision Availability: (number of openings)⁴

Day: _____ Evening: _____ Weekend _____

First and Last Name: _____

Any Alternate Name on Degree/License: _____

Discipline: _____ Highest Degree: _____

License: _____ Expiration Date: _____

Work Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Email: _____ Referral Phone: _____

County(ies) Served: _____

Languages Spoken other than English: _____

Approved for Telehealth: Yes No Access to Encrypted Account: Has Needs

Evaluation/Assessment Availability: (number of openings)⁴

Day: _____ Evening: _____ Weekend _____

Service Provision Availability: (number of openings)⁴

Day: _____ Evening: _____ Weekend _____

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