Progress Report – Part C

Mississippi

Progress Report

The special conditions of the FFY 2008 IDEA Part C grant require the submission of progress reports on February 1, 2011 and May 15, 2011, regarding timely provision of early intervention services.

TIMELY PROVISION OF ALL SERVICES ON THE IFSP REPORTED BY CHILD

District	# of infants & toddlers	# who received all their services on time	# late due to system problem	All services were timely or late due to exceptional family circumstance	
				#	%
I	154	122	12	142	92%
II	132	98	14	118	89%
III	74	47	22	52	70%
IV	93	61	16	77	83%
V	289	224	47	242	84%
VI	90	70	6	84	93%
VII	111	75	22	89	80%
VIII	142	121	13	129	91%
IX	214	146	48	166	78%
State	**1299**	**964**	**200**	**1099**	**85%**

NUMBER OF LATE SERVICES REPORTED BY TYPE OF SERVICE PROVIDED

District	I	II	III	IV	V	VI	VII	VIII	IX	State
Special Instruction	7	16	13	17	16	7	20	15	16	**127**
Physical Therapist	9	9	7	1	15	4	1	2	11	**59**
Occupational Therapist	4	5	6	4	10	2	2	0	13	**46**
Speech Language Pathologist	15	15	23	16	33	10	25	7	42	**186**
Audiologist	0	0	1	0	0	0	0	0	0	**1**
Hearing Resource Consultant	0	0	0	0	1	1	1	0	0	**3**
Family Training	1	1	0	1	2	2	0	0	1	**8**
Assistive Technology	0	0	0	1	0	0	0	0	0	**1**
Medical Services	0	0	1	0	0	0	0	0	0	**1**
Nutrition	0	0	1	0	0	0	0	0	0	**1**
District Total	36	46	52	40	77	26	49	24	83	**433**

District	Family/Child Based	System Based	Grand Total
I	23	13	36
II	31	15	46
III	20	32	52
IV	22	18	40
V	28	49	77
VI	20	6	26
VII	25	24	49
VIII	11	13	24
IX	28	55	83
Grand Total	208	225	433

The table below provides state data to aid comparisons between state baseline data from the State Performance Plan (SPP) and data from the APRs.		
Timely Target = 100% for E.I. services in ≤30 days or the delay is due to exceptional family circumstances	≤30 days	All services were timely or late due to exceptional family circumstance
SPP Baseline	<72%	Data not collected
2005 APR data	69%	76%
2006 APR data	70%	77%
2007 APR data	67%	76%
2008 APR data	75%	78%
2009 APR data	63%	76%
February 1, 2011 Progress Report	**74%**	**85%**

Target Data for February 1, 2010 Progress Report:

Between July 1, 2010 and December 31, 2010, 1,299 children received new early intervention services on initial IFSPs and/or subsequent IFSPs. Nine hundred and sixty-four (74%) children received their initial and new services in a timely manner. Data analysis accounted for provision of all services on the initial IFSP and subsequent IFSPs. A total of 1099 (85%) children out of 1,299 received their services on time or were late due to exceptional family circumstances. One hundred and thirty-five (135) children received their services late due to exceptional family/child circumstances documented in the child's record. Two hundred (200) families did not receive all of their services in a timely manner due to system-based problems including lack of providers [Occupational Therapists (OTs), Speech-Language Pathologists (SLPs), Special Instructors (SIs), and Physical Therapists (PTs)] or conflicts with scheduling. One hundred and eighty-six (186) SLP services were not timely. Fifty-nine (59) PT services were not timely. Forty-six (46) OT services were not timely. One hundred and twenty-seven (127) SI services were not timely. One (1) Assistive Technology service, 1 Medical Service, and 1 Audiologist service was not timely. Three (3) Hearing Resource Consultant services were not timely. Eight (8) Family Training services were not timely. One (1) Nutrition service was not timely.

Noncompliance Identified During FFY 2010 (July 1, 2010 thru December 31, 2010):

Barriers are being addressed through the Corrective Action Plans (CAPs) and with technical assistance. In all of the health districts, the demand for services exceeds current available service provider time. The greatest challenge is in rural areas of each health district. In most districts, the majority of service providers are individual contract workers. Many of these individuals are part-time with EI or work with rehabilitation companies. The paperwork burden associated with billing Medicaid and other insurance companies is often cited as a barrier related to providers not wanting to contract with First Steps.

District specific barriers that have negatively impacted timely services are listed below:

District I

- Recruitment and retention of pediatric service providers, specifically SLP, PT, and OT, who will work in the natural environment (NE) and travel to rural counties
- Delays in obtaining physician orders
- Providers that bill Medicaid will not start services w/o Medicaid approval even when those services can be paid by POLR funds

District II

- Recruitment and retention of pediatric service providers, specifically SI, OT, and PT, who will work in the NE and travel to rural counties
- Delays in obtaining physician orders

District III

- Recruitment and retention of pediatric service providers, specifically OT, and PT, who will work in the NE and travel to rural counties
- Delays in obtaining physician orders

District IV

- Recruitment and retention of pediatric service providers, specifically SLP, OT, and PT, who will work in the NE and travel to rural counties

District V

- Recruitment and retention of pediatric service providers, specifically SLP, OT, and PT, who will work in the NE and travel to rural counties
- SC staff vacancy due to no district level funding
- Service provision ending abruptly due to funding issues

District VI

- Recruitment and retention of pediatric service providers, specifically SLP, OT, and PT, who will work in the NE and travel to rural counties
- Delays in obtaining physician orders

District VII

- Recruitment and retention of pediatric service providers, specifically OT, and PT, who will work in the NE and travel to rural counties
- Delays in obtaining physician orders

District VIII

- Difficulty retaining providers due to inability to offer benefit packages competitive with the universities, school districts, and private agencies

District IX

- Limited number of providers, specifically PT, OT, and SLP
- SC staff vacancies due to no district level funding or medical illness/death

Discussion of Improvement Activities:

First Step's staff has identified barriers affecting timely services. To meet the special conditions of our Part C FFY 2010 grant award, Mississippi is developing a sustained, coordinated effort to increase and retain enough service providers necessary to cover the current and future demands. To meet this goal, we will continue to implement a primary service provider model, address concerns associated with third party billing, increase public awareness of the benefits on services in natural environments, recruit pediatric service providers, collaborate with other state agencies, and regularly allow broad stakeholders input to improve our early intervention program.

A series of trainings were provided, which included the following topics: arena assessment; documentation of evaluation/assessment and services; primary service provider model; addressing service provision challenges; early hearing detection and intervention services; and assistive technology assessment and services (i.e., positioning; switch selection; and promoting emergent literacy/language development and functional skills in all developmental domains). The majority of these trainings were presented in 3 locations for all Early Intervention providers. CEU's were offered for OT's, PT's, SLP's, and SI's.

A DVD was developed on the above trainings and included additional information; such as, websites, EI forms, and interviews with EI staff. This DVD will continue to be used to orient new staff and providers to Early Intervention and to provide technical assistance to other staff and providers.

Service coordinator training has been ongoing. Statewide IFSP training has had an emphasis on developing integrated outcomes and implementation of a primary service provider (PSP) delivery model. Additional training was provided at district request. Technical assistance is ongoing in all health districts. Activities that impact this indicator include, but are not limited to the following: follow-up on service coordinator training and strategies for managing caseloads [scheduling, obtaining certificates of medical necessity (CMN)]. Recruitment and retention of providers have been enhanced by interim reimbursement to providers awaiting Medicaid and/or insurance payment and technical assistance to providers on billing issues. Ads were developed and published in statewide newspapers in an attempt to recruit therapists into the early intervention system. This activity will be repeated as a tool to recruit providers. The steps being taken to improve timely services for our families also include collaborating with other state agencies and regularly using broad stakeholders input to improve our early intervention program. The specific strategies/activities are addressed in the individual district's CAPs or improvement plans.

During this reporting period, a meeting was held with the Part C Coordinator, E.I. Medicaid Liaison, Medicaid Bureau Director of Child and Maternal Health, Health System Management's representative, and several other Medicaid staff. This group discussed specifics on denials of EI claims by the different disciplines. One result of this meeting was that Medicaid plans to develop a Q&A document for Early Intervention providers. Additional phone contacts between Medicaid and EIP are occurred to resolve provider service denial issues, as they surface.

District specific improvement activities listed below:

District I

- Recruit new providers who will bill Medicaid/Insurance
- Used stimulus funds to hire new therapists, specifically SI and OT
- Discuss issues related to timely services at staff meetings
- Use advertisement/recruitment activities to identify prospective therapists
- Implement PSP model

District II

- Recruit new providers who will bill Medicaid/Insurance
- Hired SIs to provide services in several rural counties
- Researched ways to improve relationships with local physicians to increase timely Prescriptions/ CMNs
- Implement PSP model

District III

- Recruit new providers who will bill Medicaid/Insurance
- Conducted a meeting with area health care providers and District Health Officer to address late CMNs or Prescriptions
- Implement PSP model

District IV

- Recruit new providers who will bill Medicaid/Insurance
- Hired two new SIs to provide services in rural areas
- Implement PSP model

District V

- Continues to make efforts to recruit independent providers, especially PT and SLP
- Established five new contracts with pediatric service providers in rural areas
- Provide training on Medicaid billing to service providers
- Provide targeted technical assistance related to contract and fiscal issues for the district staff
- Implement PSP model

District VI

- Continues to make efforts to recruit new providers
- Hired two new SIs to provide services in rural areas
- Implement PSP model

District VII

- Recruit new providers who will bill Medicaid/Insurance
- DC holds monthly collaborative meeting open to all providers, school district personnel, and other interested persons. These meeting are used for training/TA, updates, and to address issues/needs.
- Implement PSP model

District VIII

- Recruit new providers who will bill Medicaid/Insurance
- Established three new contracts with a SI, SLP and PT to provide services in the NE
- Implement PSP model

District IX

- Implement PSP model
- Continues development of the pilot project (i.e., Bright Beginnings)

Statewide Activities

- Database reports will be used by district staff to review and correct missing data. District staff will access reports that clearly specify the records needing attention (i.e., missing data) and follow up to address issues in a timely manner. This will allow more efficient data review and data correction.
- Information packets will be mailed to SLPs licensed through the Mississippi State Department of Health (MSDH). This activity will be used as a tool for recruiting providers.
- In-service training for staff and providers by providing early intervention services, best practices and implementing the PSP model will be provided in a digital format.
- Central Office staff is planning to meet with Division of Medicaid staff to discuss policies and procedures related to CMNs.
- SICC will make contact with the Governor to appoint a Pediatrician to the counsel. SICC will make contact with other Pediatricians to advocate for timely CMNs/Prescriptions.
- Audits will be provided in districts (III, V, VI), which have a finding, to address systematic reasons which contribute to untimely provision of services.
- Technical assistance will be provided in each district to address systematic reasons which contribute to untimely provision of services.
- Districts that have vacant Service Coordinator positions will review SCs' case loads to make adjustments to ensure that there is adequate staff coverage.

These improvement activities for District and/or Central Office must be completed by May 1, 2011).