

# 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, 2012 and May 15, 2012, 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	Timely + exceptional family circumstance	
				#	%
I	122	106	12	110	90%
II	107	85	17	90	84%
III	96	59	32	64	67%
IV	85	67	10	75	88%
V	173	116	49	124	72%
VI	99	86	7	92	93%
VII	99	82	11	88	89%
VIII	86	74	11	75	87%
IX	192	122	68	124	65%
<b>State</b>	1,059	797	217	842	80%

NUMBER OF LATE SERVICES REPORTED BY TYPE OF SERVICE

District	I		II		III		IV		V		VI		VII		VIII		IX		State
Special Instruction	0-FCB	3	2-FCB	8	1-FCB	10	1-FBC	4	1-FCB	3	2-FCB	4	3-FCB	8	0-FCB	8	1-FCB	5	11 FCB
	3-SB		6-SB		9-SB		3-SB		2-SB		2-SB		5-SB		8-SB		4-SB		42 SB
Physical Therapist	1-FCB	3	0-FCB	3	2-FCB	12	2-FCB	6	5-FCB	23	1-FCB	1	0-FCB	1	1-FCB	4	0-FCB	12	12 FCB
	2-SB		3-SB		10-SB		4-SB		18-SB		0-SB		1-SB		3-SB		12-SB		53 SB
Occupational Therapist	1-FCB	2	1-FCB	1	1-FCB	4	1-FCB	2	2-FCB	16	1-FCB	1		0			1-FCB	14	8 FCB
	1-SB		0-SB		3-SB		1-SB		14-SB		0-SB		13-SB		32 SB				
Speech Language Pathologist	4-FCB	10	3-FCB	9	3-FCB	17	6-FCB	11	4-FCB	30	3-FCB	6	3-FCB	8	0-FCB		2-FCB	46	28 FCB
	6-SB		6-SB		14-SB		5-SB		26-SB		3-SB		5-SB		0-SB		44-SB		109 SB
Audiologist		0		0		0		0		0		0		0		0		0	0
Hearing Resource Consultant	0-FCB	1	1-FCB	2	0-FCB	1		0		0	0-FCB	1		0		0		0	1 FCB
	1-SB		1-SB		1-SB		1-SB		1-SB		4 SB								
Family Training		0	2-SB	2		0		0		0	1-SB	1	1-FCB	1		0		0	1 FCB 3 SB
Medical Services		0		0	2-SB	2		0		0		0		0		0		0	2 SB
Vision Services		0		0	0-FCB	2		0		0		0		0		0	0-FCB	1	0 FCB
			2-SB		1-SB		3 SB												
<b>District Total</b>		19		25		48		23		72		14		18		12		78	309

**NUMBER OF LATE SERVICES REPORTED BY TYPE OF JUSTIFICATION**

District	Family/Child Based	System Based	Grand Total
I	6	13	19
II	7	18	25
III	7	41	48
IV	10	13	23
V	12	60	72
VI	7	7	14
VII	7	11	18
VIII	1	11	12
IX	4	75	78
Grand Total	61	249	309

<b>The table below provides state data to aid comparisons between state baseline data from the State Performance Plan (SPP) and data from the APRs.</b>		
Timely Target = 100% for early intervention services in ≤30 days or the delay is due to exceptional family circumstances	≤30 days	≤30 days +Family/Child Justifications
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%
2010 APR data	76%	87%
<b>February 1, 2012 Progress Report</b>	<b>75%</b>	<b>80%</b>

## **Target Data for February 1, 2012 Progress Report:**

Between July 1, 2011 and December 31, 2011, 1,059 children received new early intervention services on their initial IFSPs and/or subsequent IFSPs. Seven hundred and ninety-seven (75%) children received their initial and/or new services in a timely manner. Data analysis accounted for provision of all services on the initial IFSP and/or subsequent IFSPs. A total of 842 (80%) children out of 1,059 received their services on time or were late because of family/child circumstances. Forty-five (45) children received their services late due to exceptional family/child circumstances documented in the child's record. Two hundred and seventeen (217) families did not receive all of their services in a timely manner due to systemic reasons, including lack of providers [Occupational Therapists (OTs), Speech-Language Pathologists (SLPs), Special Instructors (SI), and Physical Therapists (PTs)] and conflicts with scheduling.

## **Noncompliance Identified During FFY 2011 (July 1, 2011 thru December 31, 2011):**

Barriers regarding noncompliance of timely services are being addressed through the Corrective Action Plans (CAPS) and technical assistance is being provided to health districts. In all of the health districts, the demand for services exceeds current available service provider time. The greatest challenge is retention of providers in the 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 regarding why providers are not interested in contracting 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).
- Delays in obtaining physician orders.

### District II

- Recruitment and retention of pediatric service providers (specifically SLP and SI).

### District III

- Recruitment and retention of pediatric service providers (specifically SI, SLP, OT, and PT).
- 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 IV

- Recruitment and retention of pediatric service providers (specifically SLP and SLP).

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### District V

- Recruitment and retention of pediatric service providers (specifically OT, PT, and SLP).
- Delays in obtaining physician orders.

### District VI

- Recruitment and retention of pediatric service providers (specifically SLP).
- Delays in obtaining physician orders.

### District VII

- Recruitment and retention of pediatric service providers (specifically SLP).

### District VIII

- Limited availability of funds to pay for Service Providers.
- Difficulty retaining providers due to inability to offer benefit packages that are competitive with state universities, school districts, and private agencies.

### District IX

- Limited number of providers (specifically PT, OT, and SLP).

### **Discussion of Improvement Activities:**

First Steps staff has identified barriers that are affecting timely services. These barriers are being addressed to comply with and meet the special conditions of the Part C FFY 2010 grant award (timely provision of services). Part C in MS is making an effort to coordinate activities that will increase and retain service providers to provide early intervention services in a timely manner.

A series of trainings were provided which included: "Typical Child Development" . This training was presented in 3 locations in the state for all service providers of the Early Intervention System. CEU's were offered by licensure facilities in the state for OT's, PT's, SLP's, and SI's. "Train the Trainer-Typical Child Development" was offered to selected service providers of the Early Intervention System. These providers are responsible for training peers who were not able to attend the training and to provide technical assistance on typical child development.

DVDs continue to be provided on training materials from the following trainings: "How Does it Work: Intervention and What Happens in Therapy", "Assistive Technology to Promote Emergent Literacy and Language Development", "How Does It Work: How to Get Results and Then Document It", and "Utilizing Assistive Technology to Promote Functional Skills in all Developmental Domains". The DVD has interviews of staff currently working in EI. This DVD is being used to orientate new staff and providers of the Early Intervention System and for continued technical assistance. Additional resources such as website addresses and EI forms are also provided.

The Service coordinator training has been an ongoing activity. Statewide IFSP training on the revised format provided an emphasis on developing integrated outcomes and supportive implementation of a primary service provider (PSP) delivery model. The revised IFSP provides a foundation of recommended services based on the PSP model. Additional training has been provided in specific districts as needed. Technical assistance is ongoing in all the 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, coaching of providers, and additional emphasis on benefits of services in the natural environment. The steps being taken to improve timely services for EI families also include collaborating with other state agencies and regularly using broad stakeholders input to improve the early intervention program. The specific strategies/activities are addressed in the individual district's CAP or improvement plans.

### **District specific improvement activities listed below:**

#### District I

- Recruited new providers that bill Medicaid/Insurance.
- Facilitated staff meetings to discuss issues relating to timely services.
- Used advertisement/recruitment activities to identify prospective therapists.
- Implemented the PSP model.

#### District II

- Collaborated with a major Service Provider to recruit new providers.
- Met with local Pediatricians to discuss the importance of Early Intervention.
- Implemented the PSP model.

#### District III

- Established contracts with new providers that bill Medicaid/Insurance
- Conducted quarterly meetings with area health care providers and the District Health Officer to address late CMNs or Prescriptions.
- Implemented the PSP model.

#### District IV

- Continued to make efforts to recruit new providers (specifically SLP).
- Hired one SI and one PT to provide services in rural areas.
- Implemented the PSP model.

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### District V

- Established a contract with an Independent provider who provides SLP and SI services.
- Implemented the PSP model.

### District VI

- Continued to make efforts to recruit new providers.
- Implemented the PSP model.

### District VII

- Continued to recruit new providers through advertisement.
- Implemented the PSP model.

### District VIII

- Attempted to gain “fast track” availability of Medicaid providers to service Medicaid children.
- Continued to monitor budgetary expenditures in order to serve families in the most cost effective manner.
- Terminated a contract of a provider due to frequent failure to serve families in a timely manner.
- Implemented the PSP model.

### District IX

- Continued to make efforts to recruit new providers.
- Implemented the PSP model.

### **Improvement activities for state listed below**

#### **(each district and/or Central Office must complete activities by May 1, 2012):**

- 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, PTs and OTs licensed through the Mississippi State Department of Health (MSDH), where deficits are identified. This activity will be used as a tool for recruiting providers.
- In-service training on providing early intervention services, best practices and implementing the PSP model will continue to be provided in a digital format to staff and providers.
- Central Office staff is planning to meet with the Division of Medicaid staff to discuss new policies and procedures regarding the new Regulations.

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- SICC will make contact with the new 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 District III, which has 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.
- A provider committee is being developed to include the Part C Coordinator, Medicaid Staff and EI providers to discuss improving service delivery and Medicaid billing – especially in the area of denied claims.

