



Provider Enrollment Manual 2025



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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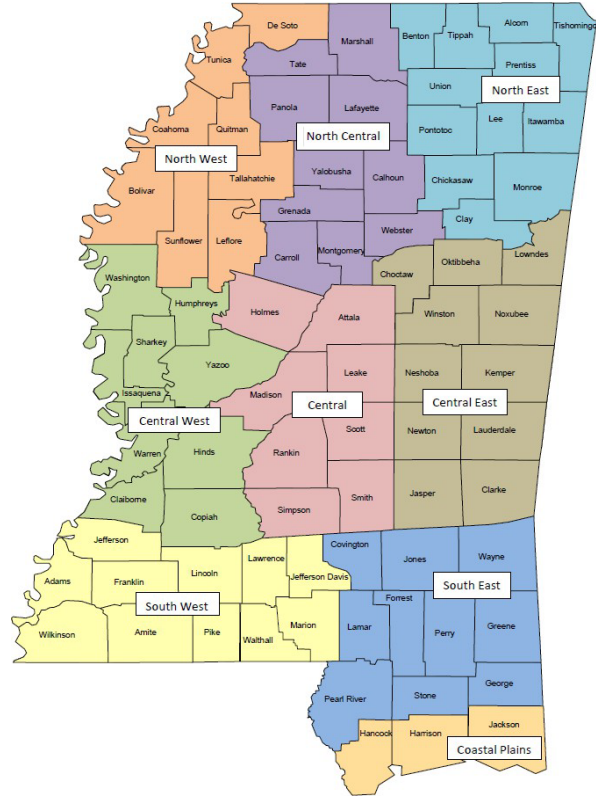
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Mississippi First Steps Early Intervention Program (MSFSEIP) Overview

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 multiple Local Early Intervention Programs (LEIP). Each LEIP is responsible for ensuring all eligible infants and toddlers and their families are identified and then connected to early intervention services in their community to promote child and family outcomes. Each Region has three LEIPs each, for a total of nine LEIPs across the state.

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



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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 Statement

1. Early identification, early services and support, 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 the

development and implementation of:

- Program standards
- Early learning standards for infants and toddlers
- Personnel standards
- A comprehensive data system
- New preservice and in-service opportunities for development of the early intervention/early childhood special education workforce
- 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 in a Stakeholder Workgroup. (Note: Stakeholder Workgroup members are not required to be SICC members.)

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 Program Overview

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 to 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 received 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	Medical Services
Audiological Services	Nursing Services
Family Training and Counseling	Nutrition Services
Health 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 with 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.

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 with written explanations of their rights and the process for accessing dispute resolution options at least annually. More information can be found on 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 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 Qualifications

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. 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 strength-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

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.

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.

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.

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/mmrs/mississippi-suppliers-vendors/> Providers must register (1-866-252-7366) with [Pay Mode](#) to receive direct deposit.

2. Review of 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 providers listed on the Individualized Family Service Plan
- 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 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.

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.

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.

REIMBURSEMENT METHODOLOGY

1. Early intervention services are documented on the Individualized Family Service Plan (IFSP) and selected by the IFSP Team, comprised of the parent(s) (as defined in 34 CFR § 303.27), Service Coordinator, Evaluator(s), and/or Service Provider(s). The Service Coordinator is responsible for assisting the family and the Service Provider with arranging for the delivery of these services.
 - a. The Service Provider must sign and return a Referral to Provider form prior to obtaining access to the child's record in the Mississippi Infant Toddler Intervention (MITI) Data System.
 - b. The Service Provider must be listed as the provider on the Planned Services tab in the MITI data system prior to providing any early intervention services that are eligible for reimbursement by MSFSEIP.
 - c. A certification of medical necessity (CMN) is not required for reimbursement when MSDH is the sole payor source for an early intervention service; however, CMN may be required prior to seeking reimbursement from a third-party payer for an early intervention service. The Service Coordinator will assist the Service Provider with obtaining any required CMN.
 - d. Prior Authorization (PA) may be required prior to seeking reimbursement from a third-party payer for an early intervention service. The Service Provider is solely responsible for obtaining any required PA prior to service delivery, unless a medical emergency exists as defined by the third-party payer. *See section 6.d. below for additional guidance regarding prior authorization.*
2. Documentation of service delivery for all infants and toddlers, including notes of the goals addressed and activities conducted, must be entered into the individual child's Service Log of the MITI Data System no later than forty-five (45) days after the date of service irrespective of the payor source.
3. The Service Provider or Agency Representatives must use the source of payment and third-party payer information documented in the MITI Data System.

The Service Coordinator is responsible for documenting each family's sources of payment and consent to bill the appropriate payor source(s) for all applicable services.

The approved sources of payment (i.e., Payor 1/2/3) for a service are documented on the IFSP and the Planned Services in the MITI Data System.

- (1) If multiple payor source(s) are available, the Service Provider or Agency Representatives seek reimbursement for covered services in the order listed (i.e., Payor 1, Payor 2, Payor 3) and in compliance with applicable federal and state regulations.
 - (2) If the party responsible, i.e., parent, has given consent to bill private or public insurance, as documented on the current signed Systems of Payment (SOP) form, reimbursement from a third-party payer must be sought prior to requesting reimbursement from MSFSEIP.
- b. Detailed policy information about primary and secondary insurance, Medicaid, Mississippi-CAN, and/or CHIP must be documented on the current signed SOP form and the Current Family Financial Support / System of Payment tab in the MITI Data System. The Service Providers or Agency Representatives may not request or require the parent, i.e., the party responsible, to provide insurance policy information for which they have not provided consent to bill as

documented on the current signed SOP form and in the MITI Data System. All questions about which payor sources are authorized, if any, should be directed to the Service Coordinator.

4. Reimbursement to enroll EI Service Providers for eligible services shall be on a fee-for-service basis, in accordance with and as described in the applicable Early Intervention fee schedule(s). The rates are set based on the type of service provided, the location or setting in which the services are provided, and the method of participation of the service provider.
 - a. Services provided in natural environments, e.g., homes and childcare settings, will be reimbursed at 120% of the rate of services provided in other settings, e.g., clinics, hospitals, and public health departments.
 - b. Service providers who participate in meetings in person will be reimbursed at 120% of the rate for participation in meetings remotely, e.g., via online application or phone.
5. The amount to be reimbursed or billed to the appropriate payor source, with the consent of the party responsible, as documented on the IFSP and recorded on current SOP documents, for all applicable services must be documented in the MITI Data System irrespective of the payor source.
 - a. If the MSDH is identified as Payor 1 under the Planned Services tab in the individual child's record maintained in the MITI Data System, (Service Provider) Agency Administrators or Providers must enter the amount to be reimbursed for these services, up to the maximum rate listed, according to the applicable Early Intervention fee schedule, under the Accounts Payable tab in the MITI Data System.
 - b. If another payor source (i.e., public and/or private insurance) is identified as Payor 1 under the Planned Services tab in the individual child's record maintained in the MITI Data System, (Service Provider) Agency Administrators or Providers must enter the amount billed to these payor sources for these services under the Accounts Payable tab in the MITI Data System.
6. Consistent with 34 CFR §§ 303.500-303.521, the MSDH shall be the Payor of Last Resort (POLR) and shall only provide reimbursement for eligible early intervention services, at the rate listed in the applicable Early Intervention fee schedule(s), not otherwise covered by any other appropriate payor source (e.g., public and/or private insurance).
 - a. If the MSDH is the sole payor for any services for an infant or toddler, the Service Coordinator will document MSDH as the Payor 1 under the Planned Services tab in the individual child's record maintained in the MITI Data System. The Service Provider will request reimbursement for these services, up to the maximum rate listed, according to the applicable Early Intervention fee schedule, under the Accounts Payable tab in the MITI Data System.
 - (1) The MSDH will be the POLR for any services for which the parent/guardian and/or child does not have any other identified payor source (e.g., public or private insurance) or for which the guarantor, parent, or guardian has not provided consent to bill private or public insurance, as documented on the current signed Systems of Payment (SOP) form.
 - (2) The MSDH will be the POLR for Special Instructors. These providers do not hold a license type, that is covered by HIPPA and is not eligible to obtain National Provider Identifier (NPI).
 - b. If private and/or public payor source denies payment for an early intervention service due to the

service not being a covered benefit, the Provider must submit documentation of the denial from the third-party payor, i.e., Explanation of Benefits (EOB) or Explanation of Payment (EOP), within thirty (30) days of receipt of the EOB/EOP but no more than ninety (90) days from the date of the service. An adjustment will be entered by the EI Regional Office for these services under the Accounts Payable tab in the MITI Data System, up to the rate listed in the applicable Early Intervention fee schedule.

- (1) An EOB/EOP must be submitted to the appropriate EI Regional Office for processing an adjustment. The EOB/EOP must document the date of service, the service provided, and the reason for denial, e.g., the service is not a covered benefit. Other documentation made available to the service provider by the payor source (e.g., summary report of charges) that does not contain the required information may not be substituted for EOB/EOP.
 - (2) MSDH will notify the Service Coordinator of the need to schedule an IFSP meeting, including the parent and Service Provider, to update the payor source for the denied service. The MSDH will be listed as primary payer and the service will be authorized until the next scheduled six-month or annual IFSP review (but in no case for more than six (6) months from the IFSP meeting in which the payor source was revised), at which point the SOP form and IFSP must be updated. *Note: If at any time during this period, the family changes insurance providers or the providers announce new covered benefits, the SOP form and IFSP must be updated.*
- c. If private and/or public payor source denies payment for an early intervention service due to the maximum benefit for the service being reached, the Provider must submit documentation of the denial from the third-party payor, i.e., EOB/EOP, within thirty (30) days of receipt of the EOB/EOP but no more than ninety (90) days from the date of the service. An adjustment will be entered by the EI Regional Office for these services under the Accounts Payable tab in the MITI Data System, up to the rate listed in the applicable Early Intervention fee schedule.
- (1) An EOB/EOP must be submitted to the appropriate EI Regional Office for processing an adjustment. The EOB/EOP must document the date of service, the service provided, and the reason for denial, i.e., maximum benefit reached. Other documentation made available to the service provider by the payor source (e.g., summary report of charges) that does not contain the required information may not be substituted for EOB/EOP.
 - (2) MSDH will notify the Service Coordinator of the need to schedule an IFSP meeting, including the parent and Service Provider, to update the payor source for the service in which maximum benefits have been reached. The MSDH will be listed as primary payer, and the service will be authorized until the next scheduled six-month or annual IFSP review or until the new benefit period begins (but in no case for more than six (6) months from the IFSP meeting in which the payor source was revised), at which point the SOP form and IFSP must be updated. *Note: If any time during this period, the family changes insurance providers or the providers announce new/extended benefits, the SOP form and IFSP must be updated.*
- d. The MSDH will not be considered the POLR when a private and/or public payor source denies payment due to failure to obtain prior authorization for a service.
- (1) Consistent with 34 CFR § 303.510(b), the EI Regional Coordinator may approve reimbursement for services provided before obtaining prior approval from private and/or public insurance when necessary to prevent a delay in the timely provision of appropriate

early intervention services to a child or the child's family, as defined by MSFSEIP policies, or when a Service Provider has requested prior approval for a service but the approval from the payor source has not been received within 30 days of the request.

- (2) Documentation of the request for prior approval with the date the request was submitted to the payor source and EOB/EOP must be submitted to the appropriate EI Regional Office for processing this adjustment. The EOB/EOP must document the date of service, the service provided, and the reason for denial, i.e., failure to obtain prior approval. Other documentation made available to the service provider by the payor source (e.g., summary report of charges) that does not contain the required information may not be substituted for EOB/EOP.
7. To ensure services are provided at no cost to the family, the MSFSEIP will cover the out-of-pocket costs for eligible early intervention services when charged by a third-party payor as documented on an EOB/EOP, up to the maximum rate listed for the service, according to the applicable Early Intervention fee schedule.
- a. The MSFSEIP will reimburse for the family's portion of a service due to an unmet deductible, for the difference between the amount paid (if any) by the third-party payor up to the rate listed in the applicable Early Intervention fee schedule. The Provider must submit documentation of the unmet deductible from the third-party payor, i.e., EOB/EOP, within thirty (30) days of receipt of the EOB/EOP, but no more than ninety (90) days from the date of the service. An adjustment will be entered by the EI Regional Office for these services under the Accounts Payable tab in the MITI Data System.
 - (1) An EOB/EOP must be submitted to the appropriate EI Regional Office for processing an adjustment. The EOB/EOP must document the date of service, the service provided, the amount paid for the service (if any), and the amount of the service applied to the deductible. Other documentation made available to the service provider by the payor source (e.g., summary report of charges) that does not contain the required information may not be substituted for EOB/EOP.
 - (2) The Service Provider must continue to bill the third-party payor for each subsequent service and submit documentation of the EOB/EOP to the appropriate EI Regional Office for reimbursement until the deductible is met or the service is discontinued.
 - b. The MSFSEIP will reimburse for out-of-pocket costs for a family, including a copay (i.e., a specified amount paid at the time of service) or coinsurance (i.e., a percentage of the bill for a covered service) for an early intervention service. The MSFSEIP shall only provide reimbursement for the difference between the amount paid (if any) by the third-party payor up to the rate listed in the applicable Early Intervention fee schedule.
 - (1) An EOB/EOP must be submitted to the appropriate EI Regional Office for processing an adjustment. The EOB/EOP must document the date of service, the service provided, the amount paid for the service (if any), and the amount of the copay or coinsurance. Other documentation made available to the service provider by the payor source (e.g., summary report of charges) that does not contain the required information may not be substituted for EOB/EOP.
 - c. The Service Provider may not bill a family for any Early Intervention services documented on the IFSP or for any unpaid balance remaining after all approved payor sources, including MSDH, have been exhausted.

- d. The guarantee to ensure services are provided at no cost to the family does not mean the MSFSEIP will assume responsibility for paying premiums for insurance for the child and/or family.
8. All mileage required for the provision of services in the natural environment must be documented in the individual child's Service Log in the MITI Data System. Mileage must be recorded as the number of miles *traveled* from provider's home to/from child's setting or from one child's setting to another child's setting. The miles recorded must adhere to the number of miles between the starting and ending locations on publicly available maps. Travel expenses will be paid based on mileage rates approved by the Mississippi Department of Finance and Administration on the date of travel.

SETTINGS

To the maximum extent appropriate, early intervention services must be provided in the child's natural environment, as defined in 34 CFR § 303.26 as settings that are natural or typical for a same-aged infant or toddler without a disability, such as the home or community settings. *Note: Pull-out services provided in a community setting are not considered services provided in a natural environment. At no point should an early intervention service provider be alone in a space with an infant or toddler enrolled in the MSFSEIP without a caregiver present.*

The following Place of Service Codes will be recognized as natural environments

Natural Environment Settings	Place of Service Code	Place of Service Name
Home	12	Home
	16	Temporary Lodging
Community	03	School
	04	Homeless Shelter

Consistent with 34 CFR § 303.344(d), early intervention services may be provided in settings other than the natural environment only if (a) that setting has been determined by the parent and the IFSP Team to be the most appropriate setting, (b) the early intervention services cannot be provided satisfactorily in a natural environment, based on the child's goals, and (c) a written justification has been provided as to why an early intervention service will not be provided in the natural environment. Examples may include the provision of audiological evaluation requiring the use of an audiometric sound booth or other services requiring fixed equipment or access to medical services.

The following Place of Service Codes will be recognized as settings other than the natural environment:

	Place of Service Code	Place of Service Name
Other Settings	02	Telehealth Provided Other than in Patient's Home
	10	Telehealth Provided in Patient's Home
	11	Office
	19	Off Campus-Outpatient Hospital
	22	On Campus-Outpatient Hospital
	49	Independent Clinic

50	Federally Qualified Health Center
53	Community Mental Health Center
62	Comprehensive Outpatient Rehabilitation Facility
71	Public Health Clinic
72	Rural Health Clinic
99	Other Place of Service

Please refer to the Place of Service Codes as listed on https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

COMPREHENSIVE EVALUATION / ASSESSMENT

Comprehensive Evaluation (34 CFR § 303.321(a)(2)(i)) means the procedures used by qualified personnel to determine a child's initial and continuing eligibility for Early Intervention services under Part C of the Individuals with Disabilities Education Act (IDEA), consistent with the definition of infant or toddler with a disability.

- Consistent with 34 CFR § 303.321(b), a comprehensive evaluation may not use a single procedure as the sole criterion for determining a child's eligibility for Early Intervention services under Part C. Comprehensive evaluation procedures must include the administering an evaluation instrument, taking the child's history (including interviewing the parent), identifying the child's level of functioning in each of the five developmental domains (i.e., physical, communication, cognitive, social-emotional, and adaptive), gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs, and reviewing medical, educational, or other records.
- An initial evaluation refers to the child's comprehensive evaluation to determine his or her initial eligibility for early intervention services.
- A re-evaluation must occur at least annually for an infant or toddler with a disability determined eligible based on clinical opinion.

Comprehensive Assessment (34 CFR § 303.321(a)(2)(ii)) means the procedures used by qualified personnel to identify the child's unique strengths and needs and the Early Intervention services appropriate to meet those needs.

- Consistent with 34 CFR § 303.321(c), comprehensive assessment procedures must include personal observations of the child, identification of the child's unique strengths and needs in each of the five developmental domains (i.e., physical, communication, cognitive, social- emotional, and adaptive) and reviewing the results of any previously provided comprehensive evaluation.
- An initial assessment refers to the child's comprehensive assessment conducted prior to the child's first IFSP meeting.
- A comprehensive assessment will be provided at least once annually prior to the annual revision of the IFSP.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Qualified personnel who have a master's degree in psychology, education, speech language pathology, occupational therapy, social work, counseling, or in a field closely related to child development, and formal training in the ethical administration, scoring, and interpretation of clinical assessments -OR- certification by or full active membership in a professional organization (such as ASHA, AOTA, AERA, ACA, AMA, CEC, AEA, AAA, EAA, NAEYC, NBCC, CVRP) that requires training and experience in child development of infants and toddlers -OR- a degree or license to practice in the healthcare or allied healthcare field -OR- formal, supervised mental health, speech/language, occupational therapy, social work, counseling, and/or educational training specific to assessing

children, or in infant and child development, and formal training in ethical administration, scoring, and interpretation of clinical assessments -AND- consistent with state licensure and professional practice guidelines

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Comprehensive Evaluation/Assessment <i>includes evaluation report</i>	Home 12, 16		Occurrence	\$200.00
	Community 03, 04		Occurrence	\$200.00
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$165.00

ASSISTIVE TECHNOLOGY (AT)

Assistive technology device (34 CFR § 303.13(b)(1)(i)) means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.

The IDEA definition of Assistive Technology Devices is broad and covers a wide range of low- and high-tech devices. Families and therapists are encouraged to utilize items within their natural environment or that are readily available to meet the developmental needs of the child.

Assistive Technology Devices for children with disabilities may include the following:

- Augmentative communication devices (i.e., single or multiple message devices with speech or picture output);
- Vision and hearing devices (i.e., magnifying glasses, backlit surfaces, amplification systems, and tape recorders). Note: AT does not include a medical device that is surgically implanted or the replacement of such device;
- Mobility and positioning equipment (i.e., seating supports, adapted tricycles/scooters, etc.)
- Appliance control devices (i.e., electrical control units for switch activation). Note: These devices may also be referenced as “environmental control units” in catalogs.
- Learning tools (i.e., built-up writing instruments, knobbed puzzles)
- Adaptive daily living tools (i.e., built-up spoons, bath supports)
- Adaptive toys (i.e., switch activation, built-up handles, amplified sounds or actions).

NOTE: AT Devices will not include any device that is:

- (a) necessary to treat or control a medical condition
- (b) requires home installation or home modification
- (c) used to assist a primary caregiver with their own disability
- (d) readily available at stores or online stores and used by children without disabilities (i.e., not specifically adapted for children with disabilities)

Assistive Technology Service (34 CFR § 303.13(b)(1)(ii)) means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device and may include the following:

- The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities.
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

- Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and
- Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Licensed Occupational, Physical, or Speech Therapist who has Rehabilitation Engineering and Assistive Technology Society of North America Certification as an Assistive Technology Professional (ATP), Seating and Mobility Specialist (SMS), or Rehabilitation Engineering Technologist (RET) or who has formal training in and meets professional licensure and practice standards to conduct Assistive Technology evaluations, select Assistive Technology devices, and/or provide Assistive Technology services.

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Assistive Technology Evaluation	Home 12, 16		Occurrence	\$198.00
	Community 03, 04		Occurrence	\$198.00
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$165.00
Assistive Technology Services	Home 12, 16	97535	Units	\$24.00/unit
	Community 03, 04	97535	Units	\$24.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99	97535	Units	\$20.00/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

AUDIOLOGY SERVICES

Audiology services (34 CFR § 303.13(b)(2)) include:

- Identification of children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques;
- Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- Provision of auditory training, aural rehabilitation, speech reading, and listening device orientation and training, and other services;
- Provision of services for prevention of hearing loss;
- Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Provider: Audiologist licensed by the Mississippi State Department of Health or Educational Audiologist licensed by the Mississippi Department of Education (202 Audiologist license/endorsement)

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Audiological Evaluation <i>includes evaluation report</i>	Other 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$200.00
Audiology Services	Home 12, 16		Units	\$24.00/unit
	Community 03, 04		Units	\$24.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$20.00/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> • Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> • IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$12.00/unit
	Community 03, 04		Units	\$12.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$10.00/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

FAMILY TRAINING AND COUNSELING SERVICES

Family Training and Counseling Services (34 CFR § 303.13(b)(3)) means services provided, as appropriate by social workers, psychologists, licensed professional counselors, licensed clinical social workers, and other qualified personnel, to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Professional Counselor licensed by the Mississippi State Board of Examiners for Licensed Professional Counselors, or Social Worker licensed by the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists (*excludes Service Coordinators*), Psychologist licensed by the Mississippi Board of Psychology, or other qualified personnel who can assist the family of a child eligible in understanding the special needs of the child and enhancing the child's development not otherwise covered as a service within a specific discipline.

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Family Training & Counseling Services	Home 12, 16	T1027	Units	\$10.50/unit
	Community 03, 04	T1027	Units	\$10.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99	T1027	Units	\$8.75/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$10.50/unit
	Community 03, 04		Units	\$10.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

HEALTH SERVICES

Health Services (34 CFR §§ 303.13(b)(4); 303.16) means services necessary to enable an otherwise eligible child to benefit from the other early intervention services such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services, and consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.

NOTE: Health Services will not include:

- (a) services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
- (b) services that are purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose); or
- (c) services related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant. *
- (d) devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and
- (e) medical-health services routinely recommended for all children (such as immunizations and regular “well-baby” care).

** This does not limit the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services identified in the child's IFSP as being needed to meet the child's developmental outcomes. Nor does this prevent an EIS provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly.*

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Physician licensed by the Mississippi State Board of Medical Licensure or Nurse Practitioner, Registered Nurse, or Licensed Practical Nurse licensed by the Mississippi Board of Nursing

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Health Services-RN	Home 12, 16		Units	\$21.00/unit
	Community 03, 04		Units	\$21.00/unit
Health Services-LPN	Home 12, 16		Units	\$10.50/unit
	Community 03, 04		Units	\$10.50/unit
Health Services Consultation-Physician/Nurse Practitioner			Units	\$18.75/unit
Health Services Consultation-Registered Nurse			Units	\$8.75/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

MEDICAL SERVICES

Medical Services (34 CFR § 303.13(b)(5)) means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.

Authorized Settings: Clinic, Health Department, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Physician licensed by the Mississippi State Board of Medical Licensure or Nurse Practitioner licensed by the Mississippi Board of Nursing

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Medical Services-Physician/ Nurse Practitioner Evaluation	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$150.00
IFSP Development/Meeting: <ul style="list-style-type: none"> Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$18.75/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

NURSING SERVICES

Nursing Services (34 CFR § 303.13(b)(6)) include the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems, the provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development, and the administration of medications, treatments, and regimens prescribed by a licensed physician.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Registered Nurse licensed by the Mississippi Board of Nursing

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Nursing Services	Home 12, 16		Units	\$21.00/unit
	Community 03, 04		Units	\$21.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$17.50/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$10.50/unit
	Community 03, 04		Units	\$10.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

NUTRITION SERVICES

Nutrition Services (34 CFR § 303.13(b)(7)) include conducting individual assessments in nutritional history, dietary intake, anthropometric, biochemical, and clinical variables, feeding skills and feeding problems, and food habits and food preferences. Nutrition services also include the developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (b)(7)(i) of this section, and making referrals to appropriate community resources to carry out nutrition goals.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Registered Dietician licensed by the Mississippi State Department of Health

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Nutrition Evaluation/Services	Home 12, 16		Units	\$36.00/unit
	Community 03, 04		Units	\$36.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$30.00/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> • Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> • IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$18.00/unit
	Community 03, 04		Units	\$18.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$15.00/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

OCCUPATIONAL THERAPY

Occupational Therapy (34 § CFR 303.13(b)(8)) includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include identification, assessment, and intervention, adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills, and prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Occupational Therapist or Occupational Therapist Assistant licensed by the Mississippi State Department of Health

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Occupational Therapy Services	Home 12, 16		Units	\$31.50/unit
	Community 03, 04		Units	\$31.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$26.25/unit
Occupational Therapy Provider Collaboration			Units	\$13.75/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> • Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> • IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$16.50/unit
	Community 03, 04		Units	\$16.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$13.75/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

PHYSICAL THERAPY

Physical Therapy (34 § CFR 303.13(b)(9)) includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation which includes screening, evaluation, and assessment of children to identify movement dysfunction, obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems, and providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Physical Therapist or Physical Therapist Assistant licensed by the Mississippi State Board of Physical Therapy

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Physical Therapy Services	Home 12, 16		Units	\$31.50/unit
	Community 03, 04		Units	\$31.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$26.25/unit
Physical Therapy Provider Collaboration			Units	\$13.75/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> • Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> • IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$16.50/unit
	Community 03, 04		Units	\$16.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$13.75/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

PSYCHOLOGICAL SERVICES

Psychological Services (34 § CFR 303.13(b)(10)) are services that include administering psychological and developmental tests and other assessment procedures, interpreting assessment results, obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development, and planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Licensed Professional Counselor licensed by the Mississippi State Board of Examiners for Licensed Professional Counselors

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Psychological Services	Home 12, 16		Units	\$27.00/unit
	Community 03, 04		Units	\$27.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$22.50/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$13.50/unit
	Community 03, 04		Units	\$13.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$11.25/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

SIGN LANGUGAE AND CUED LANGUAGE SERVICES

Sign Language and Cued Language Services (34 § CFR 303.13(b)(12)) include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Speech Language Pathologist licensed by the Mississippi State Department of Health OR licensed by the Mississippi Department of Education with 215 Speech Language Clinician endorsement AND training specific for working with individuals who are Deaf/Hard of Hearing (D/HH) OR a Teacher of the D/HH licensed by the Mississippi Department of Education with 209 Early Oral Intervention (Listening/Spoken Language) or 208 Hearing Disability endorsement

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Sign Language and Cued Speech Language Services	Home 12, 16		Units	\$10.50/unit
	Community 03, 04		Units	\$10.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$10.50/unit
	Community 03, 04		Units	\$10.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

SOCIAL WORK SERVICES

Social Work Services (34 § CFR 303.13(b)(13)) include –

- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- Preparing a social or emotional developmental assessment of the infant or toddler within the family context;
- Providing individual and family-group counseling with parents/guardians and other family members, and appropriate social skill-building activities with the infant or toddler and parents/guardians;
- Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services; and
- Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Licensed Clinical Social Worker licensed by the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Social Work Services	Home 12, 16		Units	\$37.50/unit
	Community 03, 04		Units	\$37.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$31.25/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> • Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> • IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$19.50/unit
	Community 03, 04		Units	\$19.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$16.25/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

SPECIAL INSTRUCTION

Special Instruction (34 § CFR 303.13(b)(14)) includes the design of learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction, curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability, providing families with information, skills, and support related to enhancing the skill development of the child, and working with the infant or toddler with a disability to enhance the child's development.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Special Instructor licensed by the Mississippi Department of Education:

- 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, 213 Psychometrist (evaluations only) or 215 Speech Language Clinician (communication only)

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Special Instruction Services	Home 12, 16		Units	\$10.50/unit
	Community 03, 04		Units	\$10.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> • Initial or Annual IFSP [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> • IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$10.50/unit
	Community 03, 04		Units	\$10.50/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

SPEECH-LANGUAGE PATHOLOGY SERVICES

Speech-language Pathology (34 § CFR 303.13(b)(15)) services include identifying children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills, making referrals for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills, and providing services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Speech Language Pathologist licensed by the Mississippi State Department of Health,

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Speech Language Pathology Services	Home 12, 16		Units	\$24.00/unit
	Community 03, 04		Units	\$24.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$20.00/unit
Speech Language Pathology Services - Provider Collaboration			Units	\$10.00/unit
IFSP Development/Meeting: <ul style="list-style-type: none"> Initial or Annual IFSP [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$15.00/unit
	Community 03, 04		Units	\$15.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$12.50/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

VISION SERVICES

Vision Services (34 § CFR 303.13(b)(17)) evaluate and assess visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development, make referrals for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both, and communicate skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

Authorized Settings: Clinic, Health Department, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers Licensure/Certification: Ophthalmologist licensed by the Mississippi State Board of Medical Licensure, Optometrist licensed by the Mississippi State Board of Optometry, and Orientation and Mobility Specialist with a National Orientation and Mobility Certification

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Vision Services Evaluation <i>includes evaluation report</i>	Other 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$120.00
Vision Services	Other 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$100.00
IFSP Development/Meeting: <ul style="list-style-type: none"> Initial or Annual IFSP [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	\$18.00/unit
	Community 03, 04		Units	\$18.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$15.00/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

OTHER SERVICES

Applied Behavior Analysis (ABA) Therapy strategies may be used in alignment with Early Intervention philosophy and principles. Early Intervention addresses delays children are experiencing and seeks to improve the caregivers’ abilities to support their children’s functioning in daily routines rather than addressing specific diagnoses. Early Intervention services focus on assessment, development of strategies with families, and coaching caregivers in natural environments. Behavior modification provided through coaching may be an effective strategy for reaching EI goals developed with the family; however, they will be delivered differently than direct interventions (e.g., intensive ABA in a clinic or classroom setting).

Authorized Settings: Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

Authorized Providers **Licensure/Certification:** Applied Behavior Analyst or Applied Behavior Assistant licensed by the Mississippi Autism Board

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
Behavior Assessment <i>includes evaluation report</i>	Home 12, 16		Occurrence	\$156.00
	Community 03, 04		Occurrence	\$156.00
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$130.00
ABA Therapy Services	Home 12, 16		Units	Analyst: \$15.00/unit Assistant: \$9.00/unit
	Community 03, 04		Units	Analyst: \$15.00/unit Assistant: \$9.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	Analyst: \$12.50/unit Assistant: \$7.50/unit

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
IFSP Development/Meeting: <ul style="list-style-type: none"> Initial or Annual IFSP [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i> IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i> 	Home 12, 16		Units	Analyst: \$10.50/unit Assistant: \$6.00/unit
	Community 03, 04		Units	Analyst: \$10.50/unit Assistant: \$6.00/unit
	Other 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	Analyst: \$8.75/unit Assistant: \$5.00/unit

UNIT	MINUTES PER UNIT
1	≥ 8 minutes through 22 minutes
2	23 minutes through 37 minutes
3	38 minutes through 52 minutes
4	53 minutes through 67 minutes
5	68 minutes through 82 minutes
6	83 minutes through 97 minutes
7	98 minutes through 112 minutes
8	113 minutes through 127 minutes
and up	Rule of 8

Contacts

MSDH State Office 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

Tonya Rogillio, Deputy Director, Health Services
Melissa Cox, Early Intervention Director/Part C Coordinator
Miranda Richardson, Data Manager
Monika Lorinczova, Monitoring Coordinator
Erica Allen, Fiscal Monitoring Coordinator
Chandra James, Referral Coordinator
Rebecca Abney, Financial Coordinator

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Monika.Lorinczova@msdh.ms.gov
Erica.Allen@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

Claudia Shedd, Interim Regional Coordinator
Claudia.Shedd@msdh.ms.gov
Denise Booth, Financial Coordinator
Denise.Booth@msdh.ms.gov

Central Region Early Intervention
570 East Woodrow Wilson Drive
Jackson, MS 39215
Office Phone: 601-576-7427

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

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

Vacant, Regional Coordinator
April Sorel, Financial Coordinator
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.:

MSDH Program Name	Dollar Amount	Beginning Date	Ending Date

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

List any 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.



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.