

Attachment to Mississippi's 2024 Early Intervention Task Force Report

Chart of Recommendations

To the Legislature and Mississippi State
Department of Health as required by
Section 2 of Senate Bill 2727, Laws of 2024



Report Date: October 29, 2024



The following document is an attachment to Mississippi's 2024 Early Intervention Task Force (EITF) Report. It includes detailed recommendations by report section, including area of improvement, goal, and forward movement by the Mississippi State Department of Health. The EITF compiled the recommendations to help improve the state's early intervention program, First Steps.

EITF Report Attachment: Chart of EITF Recommendations by Report Section, Including Area of Improvement, Goal of Recommendations, and Forward Movement by MSDH

Implications/Recommendations	Timeline	Cost Estimates
General Operations and Management of First Steps		
<p><u>Operational Planning, Budgeting, Funding, and Program Oversight</u> <i>The goal is to determine how much additional funding is needed to implement the proposed hybrid implementation model and meet the national average of the eligible population at a minimum. Further, an oversight committee is needed to provide support to MSDH and help ensure recommendations outlined in this report are implemented and program outcomes improve.</i></p> <p><i>Forward Movement by MSDH: MSDH has worked with ECTA, the Center for Mississippi Health Policy, and the Children’s Foundation of Mississippi to determine First Steps’ economic costs and impact. MSDH is also in the process of developing a business plan.</i></p>		
MSDH should:		
<ul style="list-style-type: none"> • determine the amount of additional funding needed to implement the proposed hybrid implementation model (e.g., staffing, training, outreach), including: <ul style="list-style-type: none"> ○ determining the type, number, and cost of additional positions (if vacancies cannot be utilized) needed within First Steps; and, ○ identifying all necessary steps and the costs associated with carrying out the recommendations set forth in the EITF report. 	<p>MSDH’s goal should be to develop and present its business plan to the Legislature during the 2025 Regular Session.</p>	<p>TBD¹ by MSDH</p>
<ul style="list-style-type: none"> • present its business plan and financial need information to: <ul style="list-style-type: none"> ○ the State Board of Health for its review and approval; and, ○ the Legislature, PEER Committee, and SICC. 		

Implications/Recommendations	Timeline	Cost Estimates
EICs should:		
<ul style="list-style-type: none"> adhere to MSDH policies and procedures; and, 	Timeline would vary by EIC and be dependent on MSDH’s development of policies and procedures and data requirements.	
<ul style="list-style-type: none"> assist and provide data as necessary to support program oversight. 		
The Legislature should:		
<ul style="list-style-type: none"> utilize the financial information provided by MSDH to increase the appropriation provided for the First Steps program to support MSDH staffing and EIC subcontracts. 	2025 Regular Session, contingent upon MSDH’s business plan.	TBD by MSDH
<p>Improved Service Coordinator and Provider Training, Education, and Onboarding</p> <p><i>The goal is to improve the quality and availability of training for MSDH staff and service providers, with the ultimate goal of equipping personnel to provide high-quality EI services to eligible children.</i></p> <p>Forward Movement by MSDH: <i>In collaboration, MSDH and MDE have hired a CSPD Coordinator to implement a robust training program for First Steps staff and service providers based on a set of core skills and competencies. Additionally, MSDH is in the process of hiring Training Coordinators. Further, Mississippi State University’s Project ECHO provides support for families and professionals providing services to young children and families and creates a sustainable model for early childhood professional development that builds on and supplements existing systems.</i></p>		
MSDH should:		
<ul style="list-style-type: none"> provide high-quality, accessible, standardized, targeted, competency-based training for service coordinators and service providers that covers a variety of topics, including billing codes, treatment diagnoses, Medicaid billing processes, financial 		TBD by MSDH

Implications/Recommendations	Timeline	Cost Estimates
operations, telehealth, parent coaching strategies, and developmental assessment tools;	<p>Because many of the training modules have been developed, the goal should be to have this in place by the Spring of 2025.</p> <p>In-person conference planning could be completed by the Spring of 2026.</p> <p>Virtual office hours could be implemented by the beginning of 2025.</p>	
<ul style="list-style-type: none"> develop and provide training for parents to inform them of their rights in the EI program (e.g., dispute and complaint processes); 		
<ul style="list-style-type: none"> focus on exploring training grants for in-service providers, initially utilizing the MSDH EI training budget and exploring potential partnerships with the CSPD and MDE for further funding for training; 		
<ul style="list-style-type: none"> work with early childhood organizations in the state, such as the Mississippi Early Childhood Association, to co-host annual conferences and continuing education events for EI professionals; 		
<ul style="list-style-type: none"> use online modules and innovative modalities that allow for asynchronous participation to better fit into providers' schedules and recognize potential barriers for rural providers; 		
<ul style="list-style-type: none"> ensure coordination with the hybrid implementation model to provide training and mentoring; 		
<ul style="list-style-type: none"> implement ongoing virtual office hours for service coordinators and service providers to provide inquiries and a public mechanism to announce statewide updates; 		

Implications/Recommendations	Timeline	Cost Estimates
<ul style="list-style-type: none"> coordinate with licensure bodies for allied health professions, such as occupational therapists (OT), speech-language pathologists (SLP), and physical therapists (PT), to increase recruitment; 	<p>The EITF recognizes that the hiring and onboarding process may take additional time to implement.</p>	
<ul style="list-style-type: none"> develop onboarding procedures and policies and standard operating procedures (SOP) manuals for all early intervention system roles; 		
<ul style="list-style-type: none"> streamline the hiring process to reduce the lengthy onboarding timeline; and, 		
<ul style="list-style-type: none"> advocate for special instructors, who would be renamed as developmental interventionists, to become credentialed providers to enable billing for developmental assessments and therapy services. 		
EICs should:		
<ul style="list-style-type: none"> assist First Steps in providing high-quality, accessible, standardized, targeted, competency-based training for service coordinators and service providers; 	<p>Spring of 2025</p>	
<ul style="list-style-type: none"> create best practices tool-kits and provide technical assistance and mentoring for service coordinators and service providers; 		
<ul style="list-style-type: none"> provide office hours for provider inquiries; and, 		
<ul style="list-style-type: none"> develop onboarding procedures and SOPs for all EICs and service providers. 		
<p>Data Completeness and Accuracy <i>The goal is to improve program monitoring and outcomes by implementing better data collection processes, software improvements, training, and collaboration.</i></p> <p>Forward Movement by MSDH: <i>MSDH is in the process of evaluating its existing program software to determine necessary improvements.</i></p>		

Implications/Recommendations	Timeline	Cost Estimates
MSDH should:		
<ul style="list-style-type: none"> develop, implement, and maintain a robust data system that can inform data-driven decisions, improve program outcomes, and maximize program resources; 	The goal should be to update the software by 2025 but no later than the Fall of 2026.	TBD by MSDH
<ul style="list-style-type: none"> implement a new or updated software system that incorporates ECTA, provider, and end-user feedback; 	Contingent on the software upgrade.	
<ul style="list-style-type: none"> provide high-quality trainings and SOPs for software system users; and, 		
<ul style="list-style-type: none"> write policies on how data will be collected, monitored, and shared. 		
EICs should:		
<ul style="list-style-type: none"> be granted access to First Steps software and input required data. 	Contingent on the software upgrade.	
<p><u>Improved Communication within First Steps with Implementation Partners and Families</u> <i>The goal is to improve program outcomes by developing written documentation and transparent and consistent communication processes.</i> Forward Movement by MSDH: <i>MSDH has hired a Provider Outreach Coordinator to assist with community outreach and plans to establish an outreach team in its central office to further advance these efforts.</i></p>		
MSDH should:		
<ul style="list-style-type: none"> provide advance notification of system changes to service providers, considering provider perspectives and interests; 	Improving communication should be a priority for MSDH. Implementation by the	TBD by MSDH
<ul style="list-style-type: none"> ensure transparent and consistent communication that builds stakeholder trust; 		

Implications/Recommendations	Timeline	Cost Estimates		
<ul style="list-style-type: none"> communicate with providers about expectations for federal requirements; implement standardized training; ensure consistent messaging across First Steps and EICs; and, implement innovations in family communication, including texts and QR codes. 	Spring of 2025, if not sooner.			
EICs should:				
<ul style="list-style-type: none"> report to First Steps leadership and engage in regular communication with regional offices; 				
<ul style="list-style-type: none"> be the single point of contact for families in their service area and single point of entry once the referral is received; and, 				
<ul style="list-style-type: none"> oversee and be responsible for provider subcontracts and monitoring in their service area. 	Spring of 2025			
<u>Collaboration with Other State Agencies and Oversight Bodies</u>				
<i>The goal is to improve program outcomes by developing relations and communications with other state agencies and oversight bodies.</i>				
<i>Forward Movement by MSDH: MSDH has pursued technical assistance from several partners, including ECTA and OSEP, and has participated in SICC meetings.</i>				
MSDH should:				
<ul style="list-style-type: none"> develop written plans for coordination between First Steps, EICs, OSEP, ECTA, SICC, and any other agencies involved in early intervention. 	Spring of 2025	TBD by MSDH		

Implications/Recommendations	Timeline	Cost Estimates
EICs should:		
<ul style="list-style-type: none"> follow MSDH’s written guidelines regarding communication and coordination with other state agencies and oversight bodies. 	Spring of 2025	
<p><u>Transition to MDE Special Education Services (IDEA Part B)</u> <i>The goal is to improve the transition from IDEA Part C to IDEA Part B (when necessary) by enhancing communication and coordination with MDE.</i></p> <p><i>Forward Movement by MSDH: MSDH is collaborating with the newly hired CSPD Coordinator within MDE to assist with training on the transition from Part C to Part B.</i></p>		
MSDH should:		
<ul style="list-style-type: none"> continue building a partnership with the CSPD Coordinator to provide professional development opportunities and training on transition from Part C to Part B; and, 	MSDH and MDE have already made this recommendation a priority.	TBD by MSDH
<ul style="list-style-type: none"> monitor program compliance with the federal requirements for the timely transition of children to the Part B program. 		
EICs should:		
<ul style="list-style-type: none"> ensure that all personnel receive training and education about the process of transitioning children from Part C to Part B; and, 	Spring of 2025	
<ul style="list-style-type: none"> meet federal requirements for the timely transition of children to the Part B program. 		
<p><u>Oversight of Program Improvements</u> <i>A subcommittee within SICC would serve as an oversight body to First Steps to help ensure EITF report recommendations are implemented and program outcomes improve.</i></p> <p><i>Forward Movement by MSDH: MSDH staff is working to improve SICC and meet federal interagency coordinating committee requirements. MSDH believes that oversight of the recommendations would best be handled by SICC, which should already be responsible for assisting with program improvements.</i></p>		

Implications/Recommendations	Timeline	Cost Estimates
MSDH should:		
<ul style="list-style-type: none"> provide information and data to SICC as requested, including its business plan and financial information. 	MSDH should already be implementing this recommendation.	TBD by MSDH
EICs should:		
<ul style="list-style-type: none"> assist and provide data as necessary to support SICC in carrying out its duties. 	The EICs should implement this recommendation immediately.	
The Legislature should:		
<ul style="list-style-type: none"> require SICC to create a subcommittee to provide oversight to MSDH and ensure recommendations are implemented and program outcomes improve. 	2025 Regular Session	
New Early Intervention Implementation Model		
<p><u>Percent of Eligible Population Served</u> <i>The goal is to meet, at a minimum, the national average of the eligible population. The new model should alleviate burden on First Steps and MSDH by allowing Collective Leads to manage EI cases within a geographical area of the state.</i></p> <p><i>Forward Movement by MSDH:</i> <i>According to MSDH staff, the number of children served by the program has increased as a result of internal program changes. In 2022, the percentage of children served by the program improved from 1.52% to 1.61%. However, this is prior to the initial EITF report being released. MSDH would need to provide more recent data to determine if the percentage of eligible population served increased due to internal program changes and the EITF report recommendations.</i></p>		
MSDH should:		
<ul style="list-style-type: none"> have adequate staff and funding to meet goals, including recommended caseload sizes for Service Coordinators and Providers (this recommendation will address each issue identified in this chart); 	The RFP should be developed in Year 1	TBD by MSDH

Implications/Recommendations	Timeline	Cost Estimates
<ul style="list-style-type: none"> • use data-driven decision-making that considers target enrollment numbers and informs changes in resources, processes, and policies to meet targets; 	and ready for release in Year 2.	
<ul style="list-style-type: none"> • extend staff and provider capacity by subcontracting with EICs via a Request for Proposals (RFP) process (refer to Appendix D of the 2024 EITF Report); 	Internal MSDH changes should be planned in Year 1 and fully implemented in Year 2.	
<ul style="list-style-type: none"> • document and share new procedures with EICs as point of entry regional offices; 		
<ul style="list-style-type: none"> • utilize OSEP and ECTA for technical assistance regarding the new implementation model; 		
<ul style="list-style-type: none"> • onboard additional EICs over time; 		
<ul style="list-style-type: none"> • reallocate First Steps service coordinators to areas of the state not served by EICs; and, 		
<ul style="list-style-type: none"> • better serve children with potential developmental delays (e.g., children referred by MDCPS): <ul style="list-style-type: none"> ○ adopt an evidence-based social-emotional screening tool to better identify social-emotional delays; ○ develop a monitoring process to reassess at-risk children at regular intervals if they do not meet eligibility criteria after the initial referral; and, ○ recruit mental health clinicians, including Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), and psychologists, as EI/First Steps service providers. 		

Implications/Recommendations	Timeline	Cost Estimates
EICs should:		
<ul style="list-style-type: none"> determine service coverage area based on capacity to meet target enrollment; 	<p>Timeline would vary by EIC and be dependent on MSDH's development of policies and procedures and data requirements.</p>	
<ul style="list-style-type: none"> use data-driven decision making that considers target enrollment numbers by county, and adjust processes and policies to meet target expectations; 		
<ul style="list-style-type: none"> provide all EI services and service coordination by hiring providers across multiple disciplines (i.e., special instruction, social work, speech occupational, and physical therapy) with the option to also employ or contract out with other local providers and specialists (e.g., psychology, auditory-verbal therapy, vision therapy) to meet the needs of families; 		
<ul style="list-style-type: none"> provide at least 90% of services within the natural environment; 		
<ul style="list-style-type: none"> assist in the onboarding of new EICs by providing written best practices and providing training; 		
<ul style="list-style-type: none"> work closely and collaboratively with MSDH, as the lead agency, and First Steps regional coordinators; and, 		
<ul style="list-style-type: none"> ensure all federal Part C guidelines are met. 		
<p>Improved Referral Processes <i>The goal is to streamline referrals from the lead agency to regional entities (e.g., First Steps regional coordinators and EICs).</i></p> <p>Forward Movement by MSDH: <i>Since the initial EITF report, MSDH has established an electronic referral portal. However, the portal is not yet available for use.</i></p>		

Implications/Recommendations	Timeline	Cost Estimates
MSDH should:		
<ul style="list-style-type: none"> oversee a well-functioning centralized, electronic referral process and EI data system; 	<p>Implementation of new and/or upgraded software should be implemented by Year 2.</p> <p>Revitalized outreach efforts planned and begun in Year 1.</p> <p>Internal MSDH changes planned in Year 1, fully implemented in Year 2.</p>	TBD by MSDH
<ul style="list-style-type: none"> determine how much a new and/or upgraded software system will cost and present the information to the Legislature for consideration of funding; 		
<ul style="list-style-type: none"> send referrals to First Steps regional coordinators or EICs based on existing caseloads and location; 		
<ul style="list-style-type: none"> send referrals continuously, rather than at intervals; 		
<ul style="list-style-type: none"> enable automatic confirmation of referral receipt to referring entity; 		
<ul style="list-style-type: none"> monitor for patterns of referral (e.g., geographic variation); 		
<ul style="list-style-type: none"> publicize efforts; 		
<ul style="list-style-type: none"> ensure referrals are made to community resources; 		
<ul style="list-style-type: none"> re-educate parents and health and childcare providers on referral processes; and, 		
<ul style="list-style-type: none"> create a live, up-to-date directory of EICs and service providers throughout the state. 		
EICs should:		
<ul style="list-style-type: none"> provide confirmation of receipt of referral to lead agency and referring entity; 		

Implications/Recommendations	Timeline	Cost Estimates
<ul style="list-style-type: none"> implement procedures to ensure a timely response to referrals; assist with publicization efforts and education of parents and health and childcare providers within service area; and, ensure referrals are made to community resources. 	<p>Timeline would vary by EIC and be dependent on MSDH’s development of policies and procedures and data requirements.</p>	
The Legislature should:		
<ul style="list-style-type: none"> utilize information provided by MSDH to consider one-time funding for an EI software upgrade. 	<p>MSDH should try to provide the information to the Legislature during the 2025 Regular Session.</p>	<p>TBD by MSDH</p>
<p>Timely Provision of Services/Treatment Plan (IFSP) within 45 Days <i>The goal is to shorten timelines with increased monitoring and oversight through the Lead Agency and EICs.</i></p>		
MSDH should:		
<ul style="list-style-type: none"> adequately monitor compliance with federal regulations; 	<p>Internal MSDH changes planned in Year 1, fully implemented in Year 2.</p>	<p>TBD by MSDH</p>
<ul style="list-style-type: none"> use telehealth per OSEP/ECTA guidance; 		
<ul style="list-style-type: none"> use innovations and a team approach among service coordinators and providers; 		
<ul style="list-style-type: none"> increase availability of high-quality provider training; 		
<ul style="list-style-type: none"> post family complaint procedures on the First Steps website with active monitoring; and, 		

Implications/Recommendations	Timeline	Cost Estimates
<ul style="list-style-type: none"> combine intake and evaluation into one visit to streamline the process for families and providers where feasible. 		
EICs should:		
<ul style="list-style-type: none"> meet First Steps and federal requirements and recommendations within service area for intake, evaluation/assessment, IFSP, service coordination, service provision, dispute resolution, and transition to Part B; 	<p>Timeline would vary by EIC and be dependent on MSDH’s development of policies and procedures and data requirements.</p>	
<ul style="list-style-type: none"> consider combining intake and evaluation into one visit to streamline the process; 		
<ul style="list-style-type: none"> use telehealth per OSEP/ECTA guidance; 		
<ul style="list-style-type: none"> have at least one dedicated service coordinator onsite; and, 		
<ul style="list-style-type: none"> have dedicated special instructor and therapists onsite with the option to expand services through contracted EI provider positions. 		
<p>Increased Services Provided in Natural Environments <i>The goal is to shorten travel distances for providers by dividing service areas, increasing resources, and the number of available providers to ensure services are provided in the natural environment.</i></p> <p>Forward Movement by MSDH: <i>Since January 2023, MSDH has provided incentive payments for providers who conduct services in the natural environment.</i></p>		
MSDH should:		
<ul style="list-style-type: none"> monitor compliance to all standards of service; 	<p>Internal MSDH changes should be planned in</p>	<p>TBD by MSDH</p>
<ul style="list-style-type: none"> provide ongoing education to families, EI providers, and service coordinators on expectations and requirements; 		

Implications/Recommendations	Timeline	Cost Estimates		
<ul style="list-style-type: none"> • consider using telehealth when appropriate; • include options for families to indicate preferred meeting locations; • communicate with OSEP and ECTA regarding potential innovations and acceptable conditions for sites to be considered the natural environment; • create an up-to-date resource directory of spaces that meet the criteria for natural environments in each region; and, • onboard EICs in underserved regions across the state. 	Year 1 and fully implemented in Year 2.			
EICs should:				
<ul style="list-style-type: none"> • meet First Steps and federal requirements and recommendations within service area; 			Timeline would vary by EIC and be dependent on MSDH’s development of policies and procedures and data requirements.	
<ul style="list-style-type: none"> • provide at least 90% of services in the natural environment; and, 				
<ul style="list-style-type: none"> • utilize virtual services to assist with screening and/or treatment when appropriate and reaching underserved areas. 				
Improved Child Outcomes				
<i>The goal is to improve outcomes for children and families by making system improvements.</i>				
MSDH should:				
<ul style="list-style-type: none"> • adequately monitor compliance with Child Outcomes Summary (COS) process; 	Internal MSDH changes should be planned in	TBD by MSDH		
<ul style="list-style-type: none"> • implement high-quality service coordinator and EI Provider training; 				

Implications/Recommendations	Timeline	Cost Estimates
<ul style="list-style-type: none"> select service delivery model(s) by regional entities, with expectation for demonstrated outcomes (i.e., primary service provider model, routine-based intervention model); and 	Year 1 and fully implemented in Year 2.	
<ul style="list-style-type: none"> provide families with information regarding PEER support opportunities. 		
EICs should:		
<ul style="list-style-type: none"> meet all First Steps and federal requirements and recommendations within service area; 	Timeline would vary by EIC and be dependent on MSDH's development of policies and procedures and data requirements.	
<ul style="list-style-type: none"> provide support to providers outside service area; and, 		
<ul style="list-style-type: none"> select evidence-based service delivery model. 		
Improved Billing and Reimbursement Processes for First Steps		
<u>Communication, Coordination, and Improvement of Service Provider Billing Process</u>		
<i>The goal is to improve the billing process for the First Steps program to incentivize more service providers to contract with EICs to provide services.</i>		
<i>Forward Movement by MSDH: MSDH has performed a gap analysis to determine needed improvements to its reimbursement processes, collaborated with Medicaid to evaluate billable codes for EI services, and developed a conceptual model of a centralized billing and coding department within MSDH.</i>		
MSDH should:		
<ul style="list-style-type: none"> determine the types of services rendered and how those services are reimbursed; 		

Implications/Recommendations	Timeline	Cost Estimates
<ul style="list-style-type: none"> develop and provide mandatory training and guidance for First Steps staff, EIC staff, and service providers to address the billing process, including billable codes, services, procedures, and claims processing; 	<p>Improved billing and reimbursement is an important part of improving First Steps. Therefore, these recommendations should be a priority for MSDH. The goal should be to get many of these recommendations planned for and implemented in CY 2025/2026.</p>	<p>MSDH will need to determine how much it will cost to provide billing services to EICs and other service providers within the program.</p>
<ul style="list-style-type: none"> develop a timeline for communication with EICs, service providers, and staff regarding any updates to the billing process; 		<p>In other states the annual costs for a third-party administrator to provide EI billing services ranges from approximately</p>
<ul style="list-style-type: none"> develop and provide access to credentialing, contracting, and claims processing for all service providers without capacity or where it is cost prohibitive by either: <ul style="list-style-type: none"> internally developing a unit to handle these responsibilities; or, contracting with a third-party administrator to provide these services; 		
<ul style="list-style-type: none"> develop a business model to study and address the cost and revenue generated associated with staffing, procedure change, operations to coordinate and communicate the billing structure to address billing code discrepancies, negotiations with third-party payors, and development of a claims payment process; 		
<ul style="list-style-type: none"> develop staffing models to have more frequent processing of POLR funding requests from current monthly disbursement to a rolling timeline; 		
<ul style="list-style-type: none"> present its business plan and financial need information to: <ul style="list-style-type: none"> the State Board of Health for its review and approval; and, the Legislature, PEER Committee, and SICC subcommittee; 		

Implications/Recommendations	Timeline	Cost Estimates
<ul style="list-style-type: none"> • direct staff and providers to bill Medicaid for Medicaid-covered children and services; 		\$900,000 to \$1.5 million.
<ul style="list-style-type: none"> • encourage parents to utilize private insurance, with the assurance that MSDH will cover deductibles and co-payments per program policy; 		
<ul style="list-style-type: none"> • provide requested data and information to the SICC subcommittee responsible for providing program oversight; 		
<ul style="list-style-type: none"> • on an ongoing basis, review, communicate, and coordinate with DOM and private insurance carriers to negotiate covered EI services on behalf of service providers, including identifying reimbursable codes, bundling service codes, reimbursement rates, etc., making sure that the allowed place of service locations include the child’s natural environment as mandated by federal guidelines; 		
<ul style="list-style-type: none"> • work with the Mississippi Department of Insurance and DOM to simplify the prior authorization process; 		
<ul style="list-style-type: none"> • require MSDH and DOM to present on any amendments to the Medicaid Technical Bill for early intervention services to the House and Senate Medicaid Committees; 		
<ul style="list-style-type: none"> • recommend advocating for universal credentialing through amendments to the Medicaid Technical Bill (e.g., distinguishing between contracting with Managed Care Organizations (MCOs) and credentialing as Medicaid providers); 		

Implications/Recommendations	Timeline	Cost Estimates
<ul style="list-style-type: none"> present and recommend any other necessary legislative changes to the Legislature, including changes to billing codes and the prior authorization process; and, 		
<ul style="list-style-type: none"> <i>once it has effectively updated the billing process, study and perform a business analysis on other financial models, including the pay-and-chase, to determine if it is economical and include the necessary state funding that would be needed to implement such a model.</i> 	This should not be reviewed until MSDH has effectively updated the billing process.	
EICs should:		
<ul style="list-style-type: none"> choose to utilize MSDH’s centralized billing unit or provide credentialing, contracting, and claims processing in-house; 	Timeline would vary by EIC and be dependent on MSDH’s development of policies and procedures and data requirements.	MSDH has stated that it will charge between a 6% to 8% fee to provide billing services.
<ul style="list-style-type: none"> regularly communicate billing issues to MSDH’s central office; 		
<ul style="list-style-type: none"> adhere to MSDH policies, such as pursuing other funding sources before utilizing payment of last resort funds; 		
<ul style="list-style-type: none"> assist and provide data as necessary to support the SICC subcommittee in carrying out its duties; and, 		
<ul style="list-style-type: none"> once a standard set of billing codes are established, ensure they are utilized when billing for EI services. 		
The Legislature should:		
<ul style="list-style-type: none"> require MSDH and DOM to present on any amendments to the Medicaid Technical Bill for early intervention services to the House and Senate Medicaid Committees; 	2025 Regular Session	

Implications/Recommendations	Timeline	Cost Estimates
<ul style="list-style-type: none"> consider amending the Medicaid Technical Bill to allow for universal credentialing; and, 	This is contingent on MSDH and DOM providing information to the Legislature.	
<ul style="list-style-type: none"> utilize MSDH's business model to increase its appropriation for either providing centralized billing or contracting with a third-party contractor. 		

¹ To be determined.