




Component 6.0 Early Intervention Services and Supports

Authority:	20 U.S.C:	1402 , 1431 , 1432 , 1435 , 1436 , 1437																																				
	34 CFR Sections:	303.2 , 303.13 , 303.16 , 303.101 , 303.112 , 303.120 , 303.203 , 303.126 , 303.207 , 303.321 , 303.227 , 303.344 , 303.511																																				
	Florida Statutes:	1003.575 , 391.301 , 391.308 , 391.302 , 391.302 , 391.302 , 391.302 , 391.302 , 391.302 , 391.308																																				
Intent:	These policies are intended to ensure that early intervention services and supports appropriately meet the needs of each child and family residing in Florida who are eligible for IDEA, Part C.																																					
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6.1.0 General Requirements		
	Policy	Reference/Related Documents
	<p>6.1.1</p> <p>A. The Local Early Steps (LES) must offer families access to quality services to enhance the development of infants and toddlers with developmental disabilities and delays and enable them to achieve optimal functional levels.</p> <p>B. The ESSO and LES must ensure the availability of the following early intervention services to eligible children and their families:</p> <ol style="list-style-type: none"> 1. Assistive Technology Devices and Services, 2. Audiology, 3. Family Training, Counseling, and Home Visits, 4. Health Services, 5. Medical Services, 6. Nursing Services, 7. Nutrition Services, 8. Occupational Therapy, 9. Physical Therapy, 10. Psychological Services (including mental health and behavioral services), 11. Respite, 12. Service Coordination, 13. Sign Language and Cued Language, 14. Social Work Services, 15. Special Instruction, 16. Speech Language Pathology, 17. Translation/Interpretation, 18. Transportation and related costs, and 19. Vision Services. <p>C. The services in B. above are not an exhaustive list of the types of early intervention services. Another type of service may be identified on the IFSP as an early intervention service provided that service meets the criteria in Policies 6.1.7 and 6.1.9.</p>	<p>20 U.S.C. §1432(4)(E)</p> <p>20 U.S.C. 1437(a)(3)(B)</p> <p>34 CFR §303.203(a)</p> <p>34 CFR §303.13(b)</p> <p>34 CFR §303.13(d)</p> <p>391.301(4)(a), F.S.</p> <p>391.308(1)(d), F.S.</p> <p>391.302(1), F.S.</p> <p>391.302(2), F.S.</p> <p>391.302(3), F.S.</p> <p>391.302(4), F.S.</p> <p>391.302(7), F.S.</p> <p>Operations Guide 6.1.1</p>
	<p>6.1.2</p> <p>Early intervention services and supports must be determined by the IFSP team.</p>	<p>20 U.S.C. §1432(4)(C)</p> <p>34 CFR §303.344(d)</p> <p>Policy 5.3.6</p> <p>Operations Guide 6.1.2</p>
	<p>6.1.3</p> <p>LES must ensure that all services authorized by the IFSP team are provided to the child/family.</p>	<p>20 U.S.C. §1431(b)(1)</p> <p>20 U.S.C. §1431(b)(2)</p> <p>20 U.S.C. §1431(b)(3)</p> <p>Policy 1.4.3</p> <p>Operations Guide 6.1.3</p>

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	<p>6.1.4 To the maximum extent appropriate to meet the needs of the child, early intervention services and supports must be provided in natural environment and within the context of everyday routines, activities, and places.</p>	<p>20 U.S.C. §1432(4)(G) 34 CFR §303.13(a)(8) Policy 5.3.7 Policy 5.3.14 Operations Guide 6.1.4</p>
	<p>6.1.5 A. Early intervention services are provided in settings other than the natural environment, only when the services and/or outcomes identified by the IFSP team, and documented on the IFSP cannot be achieved satisfactorily for the infant or toddler in a natural environment. B. Justification for not providing a particular early intervention service in the natural environment, including the child's everyday routines, activities, and places, must be documented on the IFSP.</p>	<p>20 U.S.C. §1435(a)(16)(B) 20 U.S.C. §1436(d)(5) 34 CFR §303.126 34 CFR §303.344(d)(1) Policy 5.3.7 Operations Guide 6.1.5</p>
	<p>6.1.6 A. Local Early Steps may pay a natural environment support fee to providers who are serving a child face to face in their natural environment. This support fee will be in addition to the payment the provider receives for services to the child. B. The natural environment support fee can only be billed when the service or IFSP meeting is in the natural environment and the child and parent, or caregiver, is present.</p>	
	<p>6.1.7 Early intervention services and supports must meet the standards of the state and be designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant or toddler's development in any one or more of the following domains: A. Physical development, B. Cognitive development, C. Communication development, D. Social or emotional development, and E. Adaptive development.</p>	<p>20 U.S.C. §1432(4)(C) 20 U.S.C. §1432(4)(D) 34 CFR§303.13(a)(4) 34 CFR§303.13(a)(5) Operations Guide 3.5.2</p>
	<p>6.1.8 Early intervention services and supports must be provided by qualified personnel.</p>	<p>20 U.S.C. §1432(4)(A) 34 CFR §303.13(a)(7) 34 CFR §303.13(c) Policy 10.1.5</p>
	<p>6.1.9 A. Early intervention services and supports must be: B. Provided under lead agency supervision, C. Selected in collaboration with the parents, and D. Provided at no cost to the family except in accordance with the state's system of payment.</p>	<p>20 U.S.C. §1432(4)(B) 34 CFR §303.13(a) Policy 1.5.1 Policy 1.5.5</p>

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	6.1.10 Early intervention services and supports must be provided in a way that enhances family/caregiver competence, confidence and capacity to meet their child's developmental needs and desired outcomes .	20 U.S.C. §1436(a)(2) Operations Guide 6.1.10
	6.1.11 Each LES will be assigned a geographic area of the state so that resources under the IDEA, Part C will be available for all geographic areas of the state.	20 U.S.C. §1437(a)(7) 34 CFR §303.101 34 CFR §303.207
	6.1.12 A child may be enrolled in only one LES at any given time; however, the LES may establish provider agreements with providers outside of the geographical area to meet service needs determined by the IFSP team .	Operations Guide 6.1.12
	6.1.13 The IFSP team will: A. Ensure that services are necessary to meet the unique needs of the child and family to achieve the results or outcomes identified on the IFSP, and B. Help each family use available resources in a way that maximizes the child's access to services that are necessary to achieve the outcomes identified on the IFSP.	34 CFR §303.344(d)(1) 391.308(1)(d), F.S. Policy 5.3.6 Operations Guide 6.1.13
	6.1.14 LES must ensure that families have access to culturally competent services within their local geographic area.	34 CFR §303.227(b) Operations Guide 6.1.14
	6.1.15 Early intervention services and supports must be based on the priorities, concerns and resources of the family as well as the evaluation and assessment results.	34 CFR §303.321 Policy 5.1.1 Policy 5.3.2
	6.1.16 Early intervention services and supports decisions, including decisions about location and methods of service delivery and whether a service is provided in-person or virtually, must not be based solely on the following: A. A specific diagnosis, B. Provider/therapist bias, C. Nature or severity of disability, D. Age of child, E. Availability of services, F. Availability of space, G. Administrative convenience, H. Payment method or amount, or I. Preference of any single IFSP team member.	34 CFR §303.321
	6.1.17 Early intervention services must be based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the state and infants and toddlers with disabilities who are homeless children and their families .	20 U.S.C. §1435(a)(2) 34 CFR §303.101.(a) 34 CFR §303.112

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	<p>6.1.18 The minimum frequency and intensity of supports and services necessary to achieve progress toward an identified outcome must be used as the initial point of consideration by the IFSP team.</p>	Operations Guide 6.1.18
	<p>6.1.19</p> <p>A. If the IFSP team determines that face-to-face Part C services cannot be provided, teleintervention is an alternative option for the provision of services as necessary to meet the individualized needs of the child and family.</p> <p>B. Services provided via virtual or electronic means must be compliant with the Health Insurance Portability and Accountability Act (HIPAA) and the family Educational Rights and Privacy Act (FERPA).</p> <p>C. All Medicaid requirements must be followed when providing teleintervention services to Medicaid recipients.</p> <p>D. Teleintervention services must be provided in compliance with standards established by the respective licensing or certifying board of the professional providing the services.</p> <p>E. The physical environments of the child/family and the distant site provider must ensure that personally identifiable and protected health information remains confidential.</p> <p>F. Payer of last resort requirements must be followed when authorizing teleintervention.</p>	<p>Operations Guide 6.1.19 Policy 6.1.16</p>
	<p>6.1.20 If a family temporarily moves out of Florida, services including telehealth, cannot be provided until they return; however, the team should provide the family with developmental resources specific to the child’s needs until they return and re-engage in services.</p>	
6.2.0 Team-Based Primary Service Provider Approach		
Policy		Reference/Related Documents
	<p>6.2.1 Each LES must implement a team-based primary service provider approach to service delivery. This approach includes the identification of a lead provider in the interaction with the family and child with a disability or developmental delay.</p> <p>A. A team based PSP approach is a family-centered,-capacity building method to intervene with infants and toddlers with disabilities or developmental delays and their families.</p> <p>B. The IFSP identifies how each provider will share expertise through direct service provision, consultation and coaching with other providers to support and strengthen the family’s confidence and competence in promoting their child’s learning and development.</p> <p>C. The PSP is the identified lead professional on the IFSP team that works with the family/primary caregivers on a regular basis and with other members of the IFSP team, including others also providing services directly. The PSP may accomplish this through direct services, co-visits or consultation, as appropriate to meet identified outcomes.</p>	<p>Policy 5.3.15 Operations Guide 6.2.1</p>

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	6.2.2 Reserved	
	6.2.3 The IFSP team must ensure that each child is supported by a team of individuals who have expertise necessary to meet the needs of the child and family . The team members will work together to provide support and direction to one another.	Operations Guide 3.2.7 Operations Guide 6.2.3
	6.2.4 The IFSP team can add specialists , as appropriate, to address the individualized needs of infants and toddlers served.	Operations Guide 6.2.4
6.3.0 Consultation		
Policy		Reference/Related Documents
	6.3.1 The date and time of the consultation must be shared with the family prior to the meeting. When the family wants to participate in the consultation, the professionals must accommodate this request.	Operations Guide 6.3.1
	6.3.2 The state-approved Consultation form must be completed and submitted to the LES when consultation among IFSP team members occurs.	Operations Guide 6.3.2 Consultation form Consultation form-e
6.4.0 Assistive Technology		
Policy		Reference/Related Documents
	6.4.1 An assistive technology assessment must be completed before purchasing an assistive technology device to assist the IFSP team in determining if assistive technology is necessary to meet an identified outcome .	Policy 3.4.5 Policy 3.4.6 Policy 3.4.7 Policy 3.6.3
	6.4.2 The assistive technology assessment must be conducted by the IFSP team .	Operations Guide 6.4.2
	6.4.3 The IFSP team must include at least one of the following for children needing an assistive technology assessment: A. Audiologist , B. Local Assistive Technologist (LATS), C. Occupational Therapist , D. Physical Therapist , and/or E. Speech-Language Pathologist .	
	6.4.4 Recommendations from the assistive technology assessment must include needed services, supports and devices determined necessary by the IFSP team to assist the child to achieve an identified outcome . The Assistive Technology Assessment form may be used for this purpose.	Operations Guide 6.4.4

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	6.4.5 Reserved	
	6.4.6 A. If a vendor accepts Medicaid, it is considered payment in full. B. Equipment that is not covered by Medicaid’s Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook , which is purchased from an assistive technology vendor, should be reimbursed at no more than 80% of the usual and customary charge to the general public. C. If the vendor is unwilling to accept a reduced amount and bills the parents for the remaining difference for a child without Medicaid, the parents are not required to pay and Part C funds may be used to cover the remaining balance.	Policy 1.8.6 Policy 1.4.5 Policy 1.4.10 Policy 1.8.7 Policy 1.5.5 Operations Guide 6.4.6
	6.4.7 The IFSP team must follow Medicaid’s durable medical equipment requirements for Medicaid recipients when purchasing assistive technology devices .	Florida Medicaid Durable Medical Equipment and Medical Supplies Handbook
	6.4.8 Any needed assistive technology device must be available to enable the child/ family to benefit from other early intervention services .	
	6.4.9 LES that maintain lending libraries for assistive technology devices must develop local procedures that outline the rights and responsibilities of families regarding the lending and returning of such devices.	Operations Guide 6.4.9
	6.4.10 Assistive technology does not include a medical device that is surgically implanted, or the replacement of such device.	20 U.S.C. §1402(1)(B) 34 CFR §303.16(c)
	6.4.11 LES must inform families who are temporarily provided assistive technology devices or who use the lending library, of their right to request that an assistive technology device be transferred with the child when transitioning to another agency if the child will profit from continued use of the device.	1003.575, F.S. Operations Guide 6.4.11 Florida Interagency Agreement for the Transfer of Assistive Technology
	6.4.12 Families that decide to request the transfer of a loaned assistive technology device must do so in writing.	1003.575, F.S. Operations Guide 6.4.12 Florida Interagency Agreement for the Transfer of Assistive Technology

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	<p>6.4.13 The LES must acknowledge receipt of a written request to transfer a loaned assistive technology device and return a signed copy of the request to the family within 10 working days.</p>	<p>1003.575, F.S. Operations Guide 6.4.13 Florida Interagency Agreement for the Transfer of Assistive Technology</p>
	<p>6.4.14 The LES must notify the family of approval or denial of the transfer of a loaned assistive technology device within 30 working days of the written request.</p>	<p>1003.575, F.S. Operations Guide 6.4.14 Florida Interagency Agreement for the Transfer of Assistive Technology</p>
<p>6.5.0 Health Services</p>		
<p>Policy</p>		<p>Reference/Related Documents</p>
	<p>6.5.1 Health services are an early intervention service only when they are necessary to enable an eligible infant or toddler to benefit from the other early intervention services or supports during the time the child is eligible to receive early intervention services.</p>	<p>20 U.S.C. §1432(4)(E)(x) 34 CFR §303.16(a) Operations Guide 6.5.1</p>
	<p>6.5.2 Health services include the following:</p> <ul style="list-style-type: none"> A. Clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services, and B. Consultation by physicians with other service providers concerning the special health care needs of eligible infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services. 	<p>FR §303.16(b)</p>
	<p>6.5.3 Health services do not include the following:</p> <ul style="list-style-type: none"> A. Services surgical in nature (such as cleft palate surgery, surgery for club foot, cochlear implants, or the shunting of hydrocephalus), B. Services purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose), 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. <ul style="list-style-type: none"> 1. Nothing in this policy limits the rights of the infant or toddler with a disability with a surgically implanted device 	<p>34 CFR §303.16(c)</p>

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	<p>(e.g., cochlear implant) to receive the early intervention services that are identified in the child’s IFSP as being needed to meet the child’s developmental outcomes.</p> <p>2. Nothing in this policy prevents the service 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.</p> <p>D. Devices such as heart monitors, respirators and oxygen and gastrointestinal feeding tubes and pumps necessary to control or treat a medical condition.</p> <p>E. Medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for all children.</p>	
6.6.0 Medical Services		
	Policy	Reference/Related Documents
	<p>6.6.1 Medical services are an early intervention service only when provided by a licensed physician to infants and toddlers for diagnostic or evaluation purposes to assist the LES in determining a child’s developmental status, eligibility for Early Steps and need for early intervention services or supports.</p>	<p>20 U.S.C. §1432(4)(E)(viii) 34 CFR §303.13(b)(5) Operations Guide 6.6.1</p>
6.7.0 Respite		
	Policy	Reference/Related Documents
	<p>6.7.1 Respite is an early intervention service when it is identified on the IFSP as necessary to enable the family or caregiver to participate or receive other early intervention services to meet the IFSP outcomes.</p>	<p>Operations Guide 6.7.1 3/13/2003 OSEP Letter to David K. Steele</p>
	<p>6.7.2 Selection of a respite provider and arrangements for the specific dates, time, and location of respite must be made by the family, not the LES or service coordinator.</p>	<p>Operations Guide 6.7.2</p>
	<p>6.7.3 Early Steps does not fund respite provided by a family member (mother, father, sibling, aunt, uncle, grandparent, step-relative or in-laws).</p>	
	<p>6.7.4 The service coordinator must obtain a signed agreement indicating the family will comply with the following:</p> <p>A. Return all unused funds within 30 days after the end of the respite authorization period,</p> <p>B. Make all arrangements for the delivery of respite,</p> <p>C. Select a respite provider who is not a family member to provide the respite, and</p> <p>D. Complete and return required respite documentation within 30 days after the end of the respite authorization period.</p>	<p>Operations Guide 6.7.4</p>

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	<p>6.7.5 The service coordinator must obtain the following documentation within 30 days after the end of the respite authorization period:</p> <ul style="list-style-type: none"> A. Child’s name, B. Date respite provided, C. Length of time respite provided, D. Total cost, E. Name and signature of respite provider, and F. Signature of parent/caregiver. 	<p>Operations Guide 6.7.5</p>
<p>6.8.0 Early Childhood Education</p>		
<p style="text-align: center;">Policy</p>		<p style="text-align: center;">Reference/Related Documents</p>
	<p>6.8.1 While child care itself is not considered an early intervention service, the IFSP team may determine that Early Steps fund a portion of child care costs (Early Child Education) for a particular child when the child needs supervised participation with same aged peers who do not have disabilities and no other socialization or peer opportunities are available in the child’s daily routines.</p>	<p>Operations Guide 6.8.1 2/27/1995 OSEP Letter to Ms. Sheryl Dicker</p>
	<p>6.8.2 When the family decides to place the child in a child care setting for any time beyond that identified in the IFSP, Early Steps is not responsible for payment of the additional child care costs.</p>	<p>2/27/1995 OSEP Letter to Ms. Sheryl Dicker</p>
<p>6.9.0 Plan of Care</p>		
<p style="text-align: center;">Policy</p>		<p style="text-align: center;">Reference/Related Documents</p>
	<p>6.9.1 The designated service provider must develop a Plan of Care for all children receiving early intervention sessions through Early Steps, regardless of Medicaid eligibility.</p>	<p>Policy 12.5.3 Florida Medicaid Early Intervention Services Coverage and Limitations Handbook</p>
	<p>6.9.2 Reserved</p>	
	<p>6.9.3 When the IFSP is being used as the Plan of Care for a child receiving Medicaid, the requirements set forth in the Medicaid Early Intervention Services Coverage and Limitations Handbook must be followed.</p>	
<p>6.10.0 Reserved</p>		
<p style="text-align: center;">Policy</p>		<p style="text-align: center;">Reference/Related Documents</p>
<p>6.11.0 Timeliness of Services</p>		
<p style="text-align: center;">Policy</p>		<p style="text-align: center;">Reference/Related Documents</p>

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	<p>6.11.1 Early intervention services and supports will be delivered in a timely manner, which is defined by Early Steps to be as soon as possible, but within 30 calendar days from when the family consented to the service unless there is documentation of a child or family related issue or natural disaster which caused the delay.</p>	<p>20 U.S.C. §1435(a)(10)(D) 34 CFR §303.120(d) 34 CFR §303.344(f) 34 CFR §303.511(a) 34 CFR §303.511(d) 391.301(4)(e), F.S. Operations Guide 6.11.1</p>
6.12.0 Closure to Early Steps		
Policy		Reference/Related Documents
	<p>6.12.1 At the periodic review or annual meeting to review the IFSP, the IFSP team may decide to end early intervention services and close the child/family to Early Steps. This decision should be made whenever the child is functioning comparably to same age peers and no longer meets the eligibility criteria for Early Steps.</p> <p>A. In this situation, a plan for transitioning out of Early Steps is discussed, termination dates decided, and, at the appropriate time, the child’s record is closed.</p> <p>B. Prior to closure, the service coordinator must:</p> <ol style="list-style-type: none"> 1. Provide the family with developmentally appropriate materials necessary for the child to continue making developmental gains, and 2. Instruct the family how to reinstate a referral to Early Steps if new concerns arise. 	<p>Policy 5.6.2 Policy 8.4.5 Operations Guide 5.6.1 Operations Guide 5.7.3</p>
	<p>6.12.2</p> <p>A. A child may be closed to Early Steps if the service coordinator makes at least three consecutive unsuccessful attempts to contact the family that include all of the following:</p> <ol style="list-style-type: none"> 1. Attempts are made on different days and at different times, 2. All attempts are made prior to the date of any scheduled IFSP meetings and transition conferences, 3. At least two different methods of contact are used, 4. Attempts to contact are completed over a period of time no less than 10 days, 5. The child’s early intervention providers are contacted to inquire about the family’s status, and the early intervention providers confirm that they are also unable to make any contact with the family. 6. One contact attempt offers the review of the IFSP to determine if the outcomes, authorized services/supports, and/or providers are not meeting the needs of the family, and 7. All attempts are documented in the child’s record. 	<p>Policy 2.3.4 Operations Guide 6.12.2</p>

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	<p>6.12.3 Early Steps services must be terminated by the child’s third birthday. IDEA, Part C funds may only be used on or beyond a child’s third birthday for the following reasons:</p> <ul style="list-style-type: none"> A. Fund a service coordinator’s attendance at an initial IEP meeting for a child transitioning from IDEA, Part C to IDEA, Part B; B. Pay for the administration of the exit evaluation for child outcome measurement; or C. Provide compensatory services after a child’s third birthday, as justified and authorized on the IFSP, because it has been determined, via one of the following means, that services have been delayed or interrupted due to some failure on the part of the LES or service provider. <ul style="list-style-type: none"> 1. Hearing decision, 2. State complaint decision, 3. Mediation agreement, or 4. Finding through other general supervision activities. 	<p>Operations Guide 6.12.3</p>
	<p>6.12.4 IDEA, Part C does not apply to any child with disabilities receiving a free appropriate public education (FAPE) in accordance with 34 CFR, Part 300.</p>	<p>20 U.S.C. §1419(h) 34 CFR §303.2(b)(2) Operations Guide 6.12.4</p>

Component 6 - Early Intervention Services and Supports



Denotes a federally imposed policy required by the IDEA

Denotes a state-imposed policy not required by the IDEA or federal regulation