

Component:6.0 Early Intervention Services and Supports		
Related Policy Component	Guidance/Procedures	Reference/Related Documents
6.1.0 General Requirements		
6.1.1	In Florida, Special Instruction is provided via Early Intervention Sessions provided by Infant and Toddler Developmental Specialists .	
6.1.2	<p>A. While each participant in the IFSP meeting provides significant input regarding the provision of appropriate early intervention services, the ultimate responsibility for determining what services are appropriate for a particular infant or toddler, including the location and approach of such services, rests with all IFSP team members.</p> <p>B. It would be inconsistent with early intervention practice for decisions of the IFSP participants to be made based solely on preference of the family or a single IFSP team member.</p> <p>C. Services should be tied to functional outcomes or goals that aim to increase the child’s abilities within their environment and family life.</p> <p>D. When the IFSP team has difficulty reaching a decision regarding services on the IFSP, the service coordinator, as facilitator of the decision making process, should ensure that the team:</p> <ol style="list-style-type: none"> 1. Thoroughly discusses and re-considers: <ol style="list-style-type: none"> a. The concerns, priorities and resources of the family, b. Evaluation and assessment results, c. Developmental outcomes expected to be achieved for the child and family, and d. Whether they need to reconvene to further discuss and possibly include additional individuals who have expertise to assist in the decision making process. <p>E. When the IFSP meeting ends before a decision is reached, services will continue as previously authorized.</p> <p>F. The IFSP team must reach agreement regarding services as needed to meet the developmental needs of any eligible child.</p>	
6.1.3	<p>A. When a service provider has advance notice of an event (child or family related issue, holiday, vacation, jury duty, etc.) and is not able to provide services at the frequency and intensity authorized on the IFSP, it is expected that the IFSP team will plan around these events in order to serve the child. The following are possible scenarios:</p> <ol style="list-style-type: none"> 1. Sessions are usually scheduled on Monday and Thursday. Monday is a holiday. The Monday session is re-scheduled for Tuesday. 2. The family is going on a two-week vacation. Prior to the family’s departure, the provider discusses activities the family can use within the context of everyday routines during the vacation in order to address outcomes. Service resumes at the previously authorized frequency when the family returns. 3. The provider is called for jury duty for one week and arranges for a substitute to provide services during that week. 4. The child will be hospitalized for one week and will have a two-week recovery time. Following hospitalization and recovery, the IFSP team reconvenes to consider whether a modification to the 	<p>Policy Handbook 4.2.6</p> <p>Policy Handbook 10.2.1</p> <p>Policy Handbook 6.12.2</p>

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	<p>frequency or intensity of services is necessary for a period of time or whether the previously authorized frequency/intensity remains appropriate.</p> <p>B. If a family misses an appointment without advance notice, the provider should leave a note or a message, as applicable, for the family that explains that he/she will be contacting them to reschedule, remind them of their cancellation policy, and document the missed appointment/follow up activity in the provider record.</p> <p>C. Each Local Early Step is required to have a provider agreement with their service providers, that has language which address timelines, and actions to be taken when or if a family misses two consecutive appointments without advance notice, the provider:</p> <ol style="list-style-type: none"> 1. Should notify the family’s service coordinator of the missed appointments within five (5) days following the second missed appointment, 2. Will not be responsible for further service provision until notified by the service coordinator that contact with the family has been established and continued interest in services are verified, and 3. Should document missed appointments and follow up activity in the provider record. <p>D. It should not be automatically assumed that increasing the frequency or intensity of services will compensate or make up for a period when no services were provided.</p> <p>E. When a provider is not available to provide an authorized service, the IFSP team should reconvene to ensure that services are provided to meet the outcomes identified on the IFSP.</p> <p>F. The LES is not responsible for ensuring the provision of services not authorized by the IFSP team, or “other services.”</p> <p>G. Services authorized by the IFSP team are reflected on the services page.</p>	
6.1.4	<p>The concept of natural environment involves everyday routines, activities and places and not just location. Following are some examples:</p> <ol style="list-style-type: none"> A. Drinking from a cup during mealtime at a child care center, B. Throwing a ball during a family outing at the park, and C. Brushing teeth before bedtime at home. 	
6.1.5	<p>A. Any determination by the IFSP team that the child cannot satisfactorily achieve the identified outcomes in natural environments is based on the review of all relevant information regarding the unique needs of the child in keeping with the IFSP process.</p> <p>B. It is not justification for services and/or supports to be provided in a setting other than the natural environment for reasons including the following:</p> <ol style="list-style-type: none"> 1. Lack of providers available to serve in the natural environment, 2. Personal preference of an IFSP team member, and 3. Existing barriers which make services in the natural environment more difficult to arrange. 	

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6.1.10	The family /caregiver should be actively engaged and participate in Early Steps services and supports which may involve sharing a particular challenge with the service provider, observing the provider demonstrate a particular skill, technique or strategy before practicing the technique or strategy themselves, discussing with the service provider the effectiveness of strategies and possible alternate strategies to meet the desired outcomes .	
6.1.12	A child can be enrolled in an LES outside of the service area in which they reside such as in the following examples below: A. The family works or attends school in a different LES service area from which they reside. B. The child attends a child care setting or spends the day in a different LES service area from which they reside. C. The child resides in a nursing facility in an area different from the family's residence. D. A child resides with two parents who live in different service areas and there is a shared custody arrangement.	
6.1.13	Decisions regarding the frequency and intensity of services provided by Early Steps are not based on preset service guidelines or limitations.	
6.1.14	Strategies for ensuring culturally competent services may include: A. Implementing strategies to recruit, retain, and promote at all levels a diverse staff and leadership that are representative of the demographic characteristics of the service area. B. Making reasonable attempts to offer and provide language assistance services, including bilingual staff and interpreter services, at all points of contact at no cost to families with limited English proficiency. When reasonable efforts are unsuccessful, LES may use family and friends to provide interpretation services. However, reimbursement through Early Steps is not available for interpretation services provided by family members and friends. C. Ensuring that Early Steps materials reflect diverse and culturally appropriate images of children and families. D. Maintaining a current demographic and cultural profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.	
6.1.18	A. The child's IFSP team can consider more intrusive, intensive or frequent supports and services only after it has been demonstrated that strategies incorporated into the child's natural environment to achieve an identified outcome have not been successful in supporting movement toward achieving the desired outcome. B. Depending on the outcome, some services/ interventions may be needed for a shorter period of time or longer than others, and the frequency as well as intensity will vary.	

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	<p>C. All services, including those services accessed by the parents from non-Early Steps organizations/sources should be considered when determining services the LES must provide.</p>	
6.1.19	<p>A. Telemedicine may be used as an option for Early Steps services during a public health emergency. This includes, having the provider or service coordinator consult with the parent to provide guidance and advice as needed.</p> <p>B. Families should be informed that the changes in the method of service delivery are in response to a public health emergency and will resume as previously authorized when the emergency is resolved.</p>	
6.2.0 Team-Based Primary Service Provider Approach		
6.2.1	<p>A. It is best practice for a consistent team to work with the family from eligibility evaluation through transition; but minimally, consistency should be maintained in team membership for service delivery, ongoing assessment, and IFSP updates.</p> <p>B. Although it is preferred that the eligibility evaluation and assessment be conducted by the same team, IFSP development may be provided by a different team due to the provider accessibility/availability issues.</p> <p>C. Whether the IFSP identifies one or more priority area(s) of development to focus on, the team should still follow a holistic approach for the child and family.</p> <p>D. When a child is enrolled in a managed care plan and the service provider is not an Early Steps provider, the LES should take steps to encourage the managed care plan provider to adopt and use team-based, family-centered early intervention practices versus traditional intervention approaches, by:</p> <ol style="list-style-type: none"> 1. Informing the managed care plan provider of in-service opportunities or professional development events focusing on evidence-based approaches to early intervention which support the child/family’s participation in home and community activities in meaningful ways, and 2. Making available to the managed care plan provider articles and other resources which explain the requirements of the IDEA, Part C including the building of relationships with families and other professionals to form a team to meet the developmental needs of the child. <p>E. When a child and family are receiving service coordination as the only service, designation of a PSP is not necessary.</p> <p>F. Any approved Early Steps provider may be assigned as the PSP, with the exception of service coordinators and speech therapy, physical therapy, and occupational therapy assistants. However, the PSP may function in a dual role as the service coordinator when enrolled as both a service coordinator and a direct service provider.</p> <p>G. The PSP is chosen after outcomes, goals, and strategies are developed and services/supports are identified. The IFSP team should</p>	

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	<p>consider the following factors when deciding who on the IFSP team should be a family's PSP:</p> <ol style="list-style-type: none"> 1. IFSP outcomes and strategies, 2. Relationship(s) with learner(s) (e.g. family members, other caregivers, other professionals), 3. Expertise (i.e., not solely discipline) in the areas of support needed by the child and family/caregivers, and 4. Logistics (i.e., schedules, areas, availability). <p>H. After the PSP is selected, the IFSP team determines what support the PSP needs from other IFSP team members, such as direct service, co-visits, or consultation, to address each outcome and the type and amount of interactions needed to strengthen and support parents' and other caregivers' confidence and competence in promoting the child's learning and development.</p> <p>I. It is acceptable and appropriate for the PSP to change based on the ongoing needs of the child/family as determined by the IFSP team.</p>	
6.2.4	The specialists may have expertise in the following areas: hearing, vision, autism spectrum disorders, special healthcare needs, etc. To the extent possible, the use of assessors and service providers with specialized expertise is encouraged to address the needs of children with complex medical needs or other issues	
6.3.0 Consultation		
6.3.1	Consultation may be face-to-face or by phone (when face-to-face contact is not required).	
6.3.2	<p>A. Consultation is provided in the following ways:</p> <ol style="list-style-type: none"> 1. Meetings between providers on a child's IFSP team to discuss strategies, and 2. A joint visit in which a provider is supporting another provider on the child's IFSP team during an intervention. <p>B. The Consultation Documentation should be kept in the child's record.</p>	Consultation form-e
6.4.0 Assistive Technology		
6.4.2	<p>A. The Assistive Technology Assessment form will be used to document the assessment.</p> <p>B. When additional professionals are needed to conduct the assistive technology assessment, the individuals will participate as members of the IFSP team, even if on a short term basis.</p>	
6.4.4	Recommendations from the assistive technology assessment should not be driven by technology and should consider the use of low-cost alternatives. For instance, an adapted laundry basket may be used as a seating device in the bathtub, rather than a technologically advanced device such as a bath chair.	

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6.4.6	<p>A. The usual and customary charge is often referred to as the list price or catalog price.</p> <p>B. For items that are not listed as durable medical equipment, the manufacturer’s suggested retail price is to be used as the usual and customary charge.</p> <p>C. Hearing aids and (frequency modulation) FM systems are recommended to the IFSP team by the child's audiologist.</p>	<p>Durable Medical Equipment and Medical Supplies</p>
6.4.9	<p>LES procedures regarding the lending of assistive technology devices should include guidelines regarding the family’s ability to retain a borrowed assistive technology device for a limited amount of time after the child reaches the age of 36 months.</p>	
6.4.11	<p>A. An assistive technology device is authorized on the IFSP and purchased for a specific child and automatically transfers with the child when transitioning.</p> <p>B. The Assistive Technology Flyer may be used to inform families of their right to request that an assistive technology device be transferred with the child when transitioning or LES may create a document to serve this purpose.</p>	<p>Assistive Technology Flyer – Spanish</p> <p>Assistive Technology Flyer - Creole</p>
6.4.12	<p>The Request for Transfer of Assistive Technology form may be used to request the transfer of an assistive technology device or LES may create a document to serve this purpose.</p>	<p>Request for Transfer of Assistive Technology form - Spanish</p> <p>Request for Transfer of Assistive Technology form - Creole</p>
6.4.13	<p>The Assistive Technology Decision form may be used to acknowledge receipt of a written request to transfer a loaned assistive technology device or LES may create a document to serve this purpose.</p>	<p>Assistive Technology Decision form - Spanish</p> <p>Assistive Technology</p>

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		Decision form - Creole
6.4.14	The Assistive Technology Decision form may be used to notify the requestor of approval or denial of the transfer or LES may create a document to serve this purpose.	Assistive Technology Decision form - Spanish Assistive Technology Decision form - Creole
6.5.0 Health Services		
6.5.1	<p>A. After the family’s concerns, priorities and resources are discussed and outcomes are determined, the IFSP team should consider the following in determining services and/or devices for the child/family:</p> <ol style="list-style-type: none"> 1. What is the expected outcome regarding the service/device with this child and family? 2. How do the expected outcomes regarding the service/device relate to the developmental outcomes on the IFSP? 3. Is the service/device: <ol style="list-style-type: none"> a. Surgical in nature? b. Purely medical? c. Necessary to enable the child to benefit from other early intervention services during the time the child is receiving those services? 4. Is there an existing evidence base regarding this service/device that includes information regarding: <ol style="list-style-type: none"> a. The quality of the service/device? b. Whether the service/device: <ol style="list-style-type: none"> i. Has produced the desired results? ii. Has worked with children/families under similar circumstances? iii. Is considered experimental? 5. Does the team need to include additional individuals with expertise to assist in answering the questions above? 	
6.6.0 Medical Services		
6.6.1	Medical services do not include services to determine etiology of a condition or for medical treatment.	
6.7.0 Respite		
6.7.1	Examples of appropriate uses of respite include:	

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	<p>A. The IFSP team of a child with a significant hearing impairment has identified American Sign Language as an appropriate means of communication for the child and family. In order to accomplish this outcome, the IFSP team authorizes respite to allow the family the opportunity to attend American Sign Language classes.</p> <p>B. The IFSP team of a child with autism has determined that visual cues are the most effective means of communication for him and his family. The IFSP team authorizes respite to allow the family to go to the library to access materials and software to make the necessary picture cues for their child.</p>	
6.7.2	<p>A. Respite can be provided by an organization which provides respite or a person that the family identifies.</p> <p>B. Due to the very personal nature of the respite, it is often optimal for respite to be provided by a neighbor, friend or other acquaintance who is known to the family and child and in whom the family has confidence.</p> <p>C. If the needs of the child require that respite be provided by a person who has specialized training (i.e. behavioral expertise) the service coordinator should provide the family with information on local resources for this need.</p> <p>D. The IFSP team will review the agreement to ensure the respite rate negotiated by the family is reasonable and necessary based on the needs of the child.</p>	
6.7.4	The Respite Agreement form may be used to obtain the required signed agreement statements from the family or LES may create a document to serve this purpose.	Respite Agreement form - Spanish Respite Agreement form – Creole
6.7.5	The Respite Documentation form may be used to obtain the required respite documentation from the family or LES may create a document to serve this purpose.	Respite Documentation form - Spanish Respite Documentation form – Creole

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6.8.0 Early Childhood Education		
6.8.1	<p>An example of an appropriate use of early childhood education is the following:</p> <p>A. A child has been identified as having a significant delay in social/emotional development. The IFSP team might identify interactions with non-disabled peers as a strategy to enhance the child’s social/emotional development needs. If the IFSP team determines that supervised bi-weekly participation in an integrated child care setting with same-age non-disabled peers is the method for the service, it could specify in the IFSP that the natural environment for the service is an integrated child care setting. In that circumstance Early Steps could assume the financial responsibility for that portion of the child care cost specifically associated with the bi-weekly interactions, as authorized in the child’s IFSP.</p>	
6.9.0 Plan of Care		
6.9.1	<p>Either the IFSP or a separate document may serve as the Plan of Care if they contain all of the requirements of the Plan of Care as specified in the Florida Medicaid Early Intervention Services Handbook.</p>	
6.11.0 Timeliness of Services		
6.11.1	<p>A. Barriers to timely service delivery, including reasons and timelines must be documented in the child's case notes.</p> <p>B. Barriers that are considered to be beyond the LES's control are:</p> <ol style="list-style-type: none"> 1. Child issues (such as illness, child’s appointment conflict, etc.), 2. Family/caregiver issues (such as illness, sibling child care, convenience, family appointments, transportation, vacation, work schedule, family emergencies, etc.). If the parents request a delay in the initiation of services: <ol style="list-style-type: none"> a. Information related to the request must be documented in the child’s Early Steps record and b. The IFSP team should consider whether alternate strategies should be addressed, 3. Family did not show for scheduled service delivery appointment, 4. Unsuccessful attempts to contact the family to schedule service delivery (such as unreturned phone calls to family, disconnected phone, or unable to locate family), 5. Office closure due to hurricane, other natural disaster or official State of Emergency. In the event of a natural disaster: <ol style="list-style-type: none"> a. The LES is not required to provide services during closure. The LES should follow its Business Continuation Response Plan as required in its contract. b. If the LES or provider offices remain open but services cannot be provided in the authorized location due to a 	

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	<p>natural disaster, the LES should take reasonable steps to identify alternatives for continuation of services (such as another location or alternate means, which can include phone, teleconference, or consultative services to the parent, if feasible).</p> <ul style="list-style-type: none"> c. When the offices re-open and the authorized location is accessible, the services on the IFSP should resume. For children who did not receive early intervention services for an extended period of time, the IFSP team should convene to determine if the child’s needs have changed, if changes to the IFSP are needed, and whether compensatory services are needed, and d. If a child and family move to Florida due to a natural disaster and were receiving early intervention services in another state/territory, the LES should follow the Guidance in 3.1.7. <p>C. Barriers that are not acceptable reasons for delay and are considered noncompliant are:</p> <ul style="list-style-type: none"> 1. LES capacity issue (such as no available appointment, appointment canceled due to staffing issues, inability to contact family due to staffing issues, etc.), 2. External provider issues (such as service provider not available). A lack of providers or other resources does not exempt a LES from the responsibility to make available necessary early intervention services and supports listed on the IFSP, and 3. Insurance approval pending. 	
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6.12.0 Closure to Early Steps

<p>6.12.1</p>	<ul style="list-style-type: none"> A. Possible reasons for closure are: B. Attempts to contact unsuccessful - Children without current service authorizations whom Early Steps personnel have been unable to contact or locate after making at least three consecutive documented attempts. C. Deceased - Children who died on or before their third birthday. D. Completion of IFSP prior to reaching age 3 - Children who have not reached age 3, have completed their IFSP outcomes, and no longer require services under Early Steps. This does NOT include children who were determined to be no longer eligible during the required re-determination of eligibility. E. Not eligible for IDEA, Part B, exit with referrals to other programs - Children who reached their third birthday, were evaluated and determined not eligible for IDEA, Part B, and were referred to other programs, which may include preschool learning centers, Head Start (but not receiving IDEA, Part B services), and child care centers, and/or were referred for other services, which may include health and nutrition services, such as Women, Infants and Children (WIC). F. Not eligible for IDEA, Part B, exit with no referrals - Children who reached their third birthday, were evaluated and determined not eligible for IDEA, Part B, but were not referred to other programs. 	
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	<p>G. Withdrawal by parent or guardian prior to IFSP - Children whose parents declined all services prior to IFSP development.</p> <p>H. Withdrawn by parent or guardian after IFSP - Children whose parents declined all services after an IFSP was in place or declined consent for re-determination of eligibility, as well as children whose parents declined to consent to IFSP services and provided written or verbal indication of withdrawal from services.</p> <p>I. IDEA, Part B eligible, exiting IDEA, Part C -Children determined to be eligible for IDEA, Part B who exited (or will soon exit) IDEA, Part C. This includes children who receive IDEA, Part B services in conjunction with Head Start.</p> <p>J. Moved out of state - Children who moved out of state before their third birthday. Do not use this category for a child who moved within state (i.e., from one program to another).</p> <p>K. Not Part C eligible based on developmental screening – Children determined to NOT meet Part C eligibility criteria based on a developmental screening prior to initial evaluation. Do not use this category if the child received a multidisciplinary evaluation.</p> <p>L. Not Eligible for Early Steps services - Children determined to NOT meet IDEA, Part C eligibility criteria at initial evaluation or based on review of relevant collateral information (not eligible for Early Steps services).</p> <p>M. No Longer Eligible – Children for whom the required re-determination of eligibility indicated the child no longer met eligibility criteria. This includes children who were closed after an initial IFSP and then re-referred for a different reason, but did not meet eligibility criteria upon re-referral.</p> <p>N. IDEA, Part B eligibility not determined - Children who reached their third birthday and their IDEA, Part B eligibility has not been determined. This category includes children who were referred for IDEA, Part B evaluation, but for whom the eligibility determination has not yet been made or reported.</p> <p>O. Aged out before Part C eligibility determination - Children who reached their third birthday prior to evaluation.</p>	
<p>6.12.2</p>	<p>Before closing a child to Early Steps due to unsuccessful attempts to contact, the service coordinator may also attempt to follow up with the original referral source to verify contact information.</p>	<p>Policy Handbook 6.12.2</p>
<p>6.12.3</p>	<p>IDEA, Part C funds end for children as of the day of their third birthday.</p>	
<p>6.12.4</p>	<p>A child may not be provided services authorized by an IFSP under IDEA, Part C and by an IEP under IDEA, Part B. Any IDEA, Part C eligible child under three for whom an IEP is to be developed, must be closed to IDEA, Part C before they can receive services under IDEA, Part B.</p>	

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