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Component: 1.0 General Supervision and Administration

Related Policy Component	Guidance/Procedures	Reference/Related Documents
1.1.0 General Authority		
1.1.2	ESSO may convene workgroups as necessary to assist in carrying out administrative functions. Membership will include Early Steps stakeholders.	
1.2.0 Requirements for a Statewide System under Part C of the IDEA		
1.2.3	Appropriate groups that would provide assistance to infants and toddlers with disabilities and their families may include public and private early intervention services , resources, and experts available in the state as well as parent support and training and information centers.	
1.2.8	The purpose of child find is to ensure that potentially eligible children with disabilities and their families are informed of the availability of services under IDEA, Part C by the agency or agencies responsible for administering the IDEA, Part C program in the state.	
1.2.15	The procedures for resolving conflict include the right to a due process hearing, complaint, and mediation in order to resolve individual child complaints.	
1.2.21	If the LES contracts with an agency that employs enrolled individuals, the contract holder in turn may contract or make other arrangements with local service providers to provide direct services to eligible infants and toddlers and their families.	
1.2.22	<p>A. The Florida Legislature makes a specific annual appropriation for Early Steps. Early Steps legislative appropriations include state funding for the program and budget authority for spending federal grant funds. Local funds will be accessed by LES.</p> <p>B. Early Steps may perform fundraising activities to support program expenses, provided that no IDEA, Part C funds are used to support the cost of fundraising activities. The following guidelines should be followed when performing fundraising activities:</p> <ol style="list-style-type: none"> 1. Funds may not be solicited, collected or tabulated by Early Steps staff members during 	

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	<p>work hours or using Part C-funded equipment, facilities, or supplies during Early Steps hours of operation,</p> <ol style="list-style-type: none"> 2. Early Steps resources may be used on an occasional basis during a time the Early Steps program is closed. An LES, for example, could use their office building to host a fundraising event on a weekend or in the evening, 3. Fundraising activities conducted under the auspices of Early Steps should be related to generating revenue for the benefit of the Early Steps children and families, and 4. Any funds generated from fundraising must be treated as program income. The Florida Legislature makes a specific annual appropriation for Early Steps. Early Steps legislative appropriations include state funding for the program and budget authority for spending federal grant funds. Local funds will be accessed by LES. 	
1.4.0 Financial Policies and Procedures		
<p>1.4.2</p>	<ol style="list-style-type: none"> A. The LES must identify all additional potential funding sources for early intervention services and supports, including third party revenues, local school district funding and local/community funding resources. B. The LES will develop a plan for accessing and using additional funding sources to ensure the provision of IDEA, Part C services to eligible children. The annual Early Steps spending plan must comply with contract requirements. C. Once this information has been obtained, a LES representative should record/compile information for each insurance company. D. If the insurance network provider is not an enrolled Early Steps provider, the LES should contact the provider to encourage the provider to enroll in Early Steps. If the provider does not choose to enroll as an Early Steps provider, the LES representative should discuss Early Steps expectations regarding payment for services with the provider. E. If a service is not approved by third party insurance, or the frequency, intensity, or duration approved is less, the 	

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	LES must ensure services are provided as authorized on the IFSP.	
1.4.3	<p>A. Medicaid and/or financial status are not eligibility criteria for early intervention services. Children eligible for IDEA, Part C need early intervention services because they have a developmental delay or established condition with high probability of resulting in developmental delay, or an at-risk condition known to create a risk of developmental delay.</p> <p>B. Although not required, it would be appropriate for the service coordinator to provide information and/or assistance to the family in making application for Medicaid or other benefits to ensure that IDEA, Part C funds are used as last resort.</p>	
1.4.4	The Medicaid service exception procedure as provided in the Florida Early Intervention Services Policy should be followed to obtain Medicaid payment approval for services that exceed the Medicaid service limitations prior to accessing IDEA, Part C funds.	
1.4.6	It is critical that all options are explored before using IDEA, Part C funds for an early intervention service that is covered by a third party payer. This should include pursuing other funding sources for which infants, toddlers and their families might be eligible.	
1.4.7	<p>A. Prior to a provider being chosen for an authorized service, the service coordinator and/or a LES representative should, with the family's consent, contact the family's insurance company and determine whether or not a provider is available, able to provide services in the natural environment and covered under the insurance plan. Only after such a provider is ruled out, can IDEA, Part C funds be used to pay for the authorized service.</p> <p>B. In order to have providers that meet the needs of Early Steps, providers should be recruited who are knowledgeable about the benefits of providing early intervention services in natural environments and who are willing to travel to natural environments.</p>	
1.4.11	Federal regulations allow states a 27-month period in which to expend all IDEA, Part C funds granted within a particular fiscal year.	

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<p>1.4.14</p>	<p>The following guidelines should be followed when performing fundraising activities:</p> <p>A. Funds may not be solicited, collected or tabulated by Early Steps staff members during work hours or using IDEA, Part C-funded equipment, facilities, or supplies during Early Steps hours of operation, and</p> <p>B. Early Steps resources may be used on an occasional basis during a time the Early Steps program is closed. An LES, for example, could use their office building to host a fundraising event on a weekend or in the evening.</p>	
1.5.0 System of Payments		
<p>1.5.3</p>	<p>In case of financial or other disputes, services authorized on the IFSP should be provided even if the use of another provider is necessary.</p>	
<p>1.5.5</p>	<p>A. LES payment of co-payments or deductibles should not cause the total payment for the service rendered to exceed the Early Steps allowable rate for the service.</p> <p>B. Families should be asked to provide periodic documentation regarding their insurance deductible balance since other medical or health services can be applied to a child or family's deductible obligation.</p>	
1.6.0 Public and Private Insurance		
<p>1.6.1</p>	<p>A. The service coordinator maintains responsibility to serve as the single point of contact in helping families obtain needed services, which includes discussion of the use of insurance with the family. The LES may use local discretion and determine the service coordinator's level of involvement with insurance companies.</p> <p>B. The service coordinator or the designee should:</p> <ol style="list-style-type: none"> 1. Review with the family their insurance coverage; and 2. Contact, with the family's consent, the family's insurance company to determine the following information: <ol style="list-style-type: none"> a. What is needed in order to get evaluation services covered (e.g., physician's referral)? b. What types of early intervention services, therapies, and other services are included 	<p>Written Notice Related to Private Insurance and Medicaid</p> <p>Written Notice Related to Private Insurance and Medicaid - Creole</p> <p>Written Notice Related to Private Insurance and Medicaid - Spanish</p> <p>Informed Consent For Use of Insurance/ Medicaid form</p> <p>Informed Consent for Use of Private Insurance - Creole</p> <p>Informed Consent for Use of Private Insurance -</p>

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	must confirm this information with the insurer.	
1.6.3	If the insurance company’s written policy or statement of benefits document that certain services are not covered, or are reimbursed only under certain circumstances (e.g., 3 times within the period of a month), then this information should be kept in the child’s record as back-up documentation. Further denials during the authorized period are not required.	
1.6.5	<p>A. The following guidelines can help speed up the claims process. The parent should:</p> <ol style="list-style-type: none"> 1. Inform the insurance company about a claim in writing within 20 days. The parent must file the claim within 90 days, 2. Fill out all forms accurately and completely, 3. Ensure that all copies of bills are attached to respective forms, if requested, 4. Sign all documents, and 5. Maintain copies of everything sent to the insurance company. <p>B. The insurance company should pay the claims promptly after it receives the completed claim form. The insurance company should also provide an explanation for a partial payment or a rejected claim. If a claim is denied, an appeal may be filed.</p> <p>C. If there are disputes with an HMO or agent, the Department of Financial Services can help resolve the situation by presenting concerns to the HMO or agent, or by suggesting actions that can be taken by the individual. While the Department of Financial Services may ask the HMO to reconsider its position when the facts of a situation are in doubt, the department cannot make a final determination about the facts of a situation or act as legal representative for the individual.</p> <p>D. Steps that can be taken to lower the chances of a claim being denied:</p> <ol style="list-style-type: none"> 1. Know before receiving treatment what the health insurance will and will not cover, 2. Make sure that pre-authorization requests contain correct patient information. Insurers 	<p>The Florida Department of Financial Services: Health Insurance and Health Maintenance Organizations: A Guide for Consumers</p>

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	<p>often return or deny pre-authorization requests because of missing data. The physician will need to request the pre-authorization for the individual, or at least provide all necessary medical documentation, and</p> <p>3. Document all communication involving any health insurance problem or question, including the names of people contacted, when they were contacted, and photocopies of any paperwork.</p>	
1.7.0 Use of Private Insurance		
1.7.3	<p>A. When the insurance company provides payment directly to the parent, and the service provider encounters difficulties in obtaining payment from the parent, it is recommended that a certified letter be sent to the parent explaining participation in Early Steps, the requirements of payment, the use of IDEA, Part C funds as payor of last resort, and their consent for use of their family’s insurance. The parent should be informed that they are not entitled to reimbursement of benefits for services they did not pay for and the money is owed to the provider. The letter may state that if payment is not rendered, the service provider's only recourse would be to pursue a claim in small claims court.</p> <p>B. The LES or the service provider may have the parent sign an Assignment of Benefits form as part of the enrollment process or after the IFSP has been developed. The LES or service provider may develop their own form.</p>	
1.8.0 Use of Public Insurance/Medicaid		
1.8.5	<p>A. Not all service coordination activities are reimbursable as Medicaid Targeted Case Management services.</p> <p>B. The LES should conduct a periodic review and research of the Errors on Billing report provided by Medicaid that indicates the number of claims paid, suspended or denied, in order to ensure that Medicaid billable services are appropriately billed and collected.</p>	<p>Florida Medicaid Child Health Services Targeted Case Management Coverage and Limitations Handbook</p>
1.8.6	<p>Early Steps is responsible for providing the services authorized by the IFSP team as delineated in Policy 6.1.3. If the frequency, intensity, and duration approved by an MMA Plan is less than the amount authorized on the IFSP, Early Steps should pay for the services not reimbursed.</p>	

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1.8.7	The reimbursement amount for Managed Care Plan should be considered payment in full.	
1.10.0 Monitoring, Technical Assistance and Enforcement		
1.10.1	<p>A. Priority areas shall include:</p> <ol style="list-style-type: none"> 1. Provision of services in the natural environment, 2. Exercise of general supervision authority in areas of child find, use of resolution sessions/mediation/ voluntary binding arbitration, and transition, 3. Disproportionate representation of racial and ethnic groups in Early Steps, to the extent representation is the result of inappropriate identification, and 4. Other data. <p>B. The IDEA, Part C State Performance Plan/Annual Performance Report will report data based on indicators addressing the priority areas outlined by OSEP. The data may come from Early Steps records review and other indicators of performance. The IDEA, Part C Indicator Measurement Table provides guidance for measuring the priority areas and indicators outlined by OSEP.</p>	
1.10.7	Correction of noncompliance means that ESSO will require LES and providers to revise any noncompliant policies, procedures and/or practices and ESSO will verify through follow-up review of data, other documentation (including Early Steps records) and/or interviews that the noncompliant policies, procedures, and/or practices have been corrected.	
1.10.13	The LES may review the performance standards stated in the LES contract and procedures outlined in the current State Performance Plan/Annual Performance Report for further information.	
1.12.0 Determinations		
1.12.1	<p>ESSO may consider the following in making determinations:</p> <ol style="list-style-type: none"> A. Performance on compliance indicators, B. Whether data submitted by LES programs is valid, reliable, and timely, C. Uncorrected noncompliance from other sources, 	

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	<ul style="list-style-type: none">D. Audit findings,E. History, nature and length of time of any reported noncompliance,F. Evidence of correction, including progress toward full compliance,G. Special conditions,H. Compliance agreements,I. Verification or focused monitoring findings,J. Performance on performance indicators, andK. Other information.	
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