

Component 1.0 General Supervision and Administration

Authority: IDEA Sections [1416](#), [1418](#), [1431](#), [1432](#), [1434](#), [1435](#), [1437](#), [1438](#), [1440](#), [1441](#)
 34 CFR Sections [80.25](#), [303.13](#), [303.101](#), [303.102](#), [303.103](#), [303.104](#), [303.105](#), [303.110](#), [303.111](#), [303.112](#), [303.114](#), [303.115](#), [303.116](#), [303.117](#), [303.118](#), [303.119](#), [303.120](#), [303.121](#), [303.122](#), [303.123](#), [303.124](#), [303.125](#), [303.126](#), [303.201](#), [303.203](#), [303.205](#), [303.208](#), [303.220](#), [303.221](#), [303.222](#), [303.223](#), [303.224](#), [303.225](#), [303.226](#), [303.227](#), [303.228](#), [303.300](#), [303.301](#), [303.302](#), [303.303](#), [303.310](#), [303.320](#), [303.321](#), [303.340](#), [303.342](#), [303.343](#), [303.344](#), [303.345](#), [303.432](#), [303.433](#), [303.434](#), [303.500](#), [303.501](#), [303.510](#), [303.511](#), [303.520](#), [303.521](#), [303.600](#), [303.601](#), [303.602](#), [303.603](#), [303.604](#), [303.605](#), [303.700](#), [303.701](#), [303.702](#), [303.703](#), [303.704](#), [303.705](#), [303.706](#), [303.707](#), [303.708](#), [303.720](#), [303.721](#), [303.722](#), [303.723](#), [303.724](#), [303.730](#), [303.732](#), [303.733](#)
 Florida Statutes [286.011](#), [391.301](#), [391.308](#)

Intent: These policies are intended to ensure that the State of Florida develops and implements a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services and supports for infants and toddlers with disabilities and their families in accordance with the Individuals with Disabilities Education Act (IDEA), Part C and the Children’s Medical Services Early Steps Program (ss. 391.301-391.308, Florida Statutes).

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1.1.0 General Authority	
Policy	Reference/Related Documents

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	1.1.1 The Florida Department of Health Children's Medical Services (CMS) Early Steps State Office (ESSO) is the lead agency, appointed by the Governor, to administer and oversee the Individuals with Disabilities Education Act (IDEA), Part C in Florida.	34 CFR §303.13 34 CFR §303.120 34 CFR §303.201 34 CFR §303.500 34 CFR §303.700 391.308, F.S. 391.301(4)(d), F.S.
	1.1.2 The ESSO is responsible for all necessary administrative functions to ensure statewide implementation of the early intervention system.	34 CFR §303.205 Operations Guide 1.1.2
	1.1.3 The Early Steps Program is established within the Florida Department of Health to serve infants and toddlers who are at risk of developmental disabilities based on a physical or mental condition and infants and toddlers with developmental delays by providing developmental evaluation and early intervention and by providing families with training and support services in a variety of home and community settings in order to enhance family and caregiver competence, confidence, and capacity to meet their child's developmental needs and desired outcomes.	391.301(1), F.S. 391.302(5), F.S.
	1.1.4 The ESSO will competitively procure LESSs to provide services throughout the state in accordance with Chapter 287, F.S. The department will specify the requirements and qualifications for LESSs in the procurement document.	391.308(2)(k), F.S.
1.2.0 Requirements for a Statewide System Under Part C of the IDEA		
Policy		Reference/Related Documents
	1.2.1 The ESSO will comply with IDEA, Part C and meet the requirements outlined in 1.2.2 through 1.2.22 below. This statewide comprehensive, coordinated, multi-disciplinary interagency system will provide early intervention services for infants and toddlers with disabilities and their families that includes the following components: A. Pre-referral policies and procedures that include: 1. A public awareness program, and 2. A comprehensive child find system. B. Referral policies; and	20 U.S.C. §1434 20 U.S.C. §1435(a)(10) 34 CFR §303.221 34 CFR §303.300 34 CFR §303.500

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	<p>C. Post-referral policies and procedures that ensure compliance with timeline requirements and include:</p> <ol style="list-style-type: none"> 1. Screening, if applicable, 2. Evaluations and assessments, and 3. Development, review, and implementation of IFSPs. 	
	<p>1.2.2 The ESSO is responsible for defining the eligible population within the parameters set forth by the IDEA, Part C in order to appropriately identify infants and toddlers with disabilities who need early intervention services.</p>	<p>20 U.S.C. §1435(a)(1) 34 CFR §303.111 Policy Handbook 3.1.0</p>
	<p>1.2.3 The ESSO will maintain an easily accessible, up-to-date, Central Directory of resources statewide to assist professionals and families with children with developmental delays and disabilities. The ESSO will ensure that the Central Directory is accessible through the agency's website or other appropriate means.</p>	<p>20 U.S.C. §1435(a)(7) 34 CFR §303.117 Policy Handbook 2.2.0 Policy Handbook 2.2.1 Operations Guide 1.2.3</p>
	<p>1.2.4 The ESSO will ensure compliance with the federal timelines related to eligibility determination, including evaluation and assessment, the Individualized Family Support Plan (IFSP), provision of services listed in the IFSP and the transition conference.</p>	<p>34 CFR §303.310 34 CFR §303.342 Policy Handbook 3.4.3 Policy Handbook 5.5.1 Policy Handbook 6.11.1 Policy Handbook 7.3.1 Policy Handbook 7.4.1</p>
	<p>1.2.5 The ESSO will ensure that a systematic plan is in place for increasing public awareness and education about the availability of early intervention services and disseminating such information to parents with premature infants or infants with other physical risk factors associated with learning or developmental complications.</p>	<p>20 U.S.C. §1435(a)(6) 34 CFR §303.116 Policy Handbook 2.1.0 Policy Handbook 2.1.3 Policy Handbook 2.1.4</p>
	<p>1.2.6 The ESSO will assure public participation in the State's early intervention system by developing a plan to ensure:</p> <ol style="list-style-type: none"> A. Meaningful involvement of underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the state, in the planning and implementation of all the requirements of IDEA, Part C. 	<p>20 U.S.C. §1437(b)(7) 34 CFR §303.227</p>

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	B. These families have access to culturally competent services within their local geographical areas.	
	1.2.7 The ESSO will ensure that any external workgroup meetings convened to make recommendations about an issue impacting Early Steps and/or to take official actions will be declared a public meeting and open to the public at all times.	286.011 F.S.
	1.2.8 The ESSO will implement child find procedures to identify, locate, and evaluate children in need of early intervention services , which must be well coordinated with other federal programs as identified.	20 U.S.C. §1435(a)(5) 34 CFR §303.115 34 CFR §303.302 34 CFR §303.320 34 CFR §303.321 34 CFR §303.322 Policy Handbook 2.1.0 Policy Handbook 2.1.5 Operations Guide 1.2.8
	1.2.9 The ESSO will ensure the development of criteria and nondiscriminatory procedures for determining eligibility of infant and toddlers.	34 CFR §303.111 34 CFR §303.322 Policy Handbook 3.4.5
	1.2.10 The ESSO will ensure that the State's Individualized Family Support Plan (IFSP) process and document meet the federal requirements.	20 U.S.C. §1435(a)(4) 34 CFR§303.20 34 CFR§303.114 34 CFR§303.340 34 CFR§303.342 34 CFR§303.343 34 CFR§303.344 34 CFR§303.345 Policy Handbook 5.1.0
	1.2.11 The ESSO will ensure a comprehensive system of personnel development for the training of a variety of personnel needed to meet the requirements of the IDEA, Part C including public and private providers, referral source , paraprofessionals and service coordinators .	20 U.S.C. §1435(a)(8) 34 CFR §303.118 Policy Handbook 10.1.2

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	<p>1.2.12 The ESSO will establish qualifications to ensure that personnel providing early intervention services are appropriately and adequately prepared and trained.</p>	<p>20 U.S.C. §1435(a)(9) 20 U.S.C. §1437(a)(3)(B) 34 CFR §303.119 Policy Handbook 10.1.1 Policy Handbook 10.1.2</p>
	<p>1.2.13 The ESSO will ensure that families are adequately informed of their rights and that procedural safeguards are implemented throughout the early intervention process.</p>	<p>20 U.S.C. §1435(a)(13) 34 CFR §303.123 34 CFR §303.521(e) Policy Handbook 8.1.2</p>
	<p>1.2.14 The ESSO will ensure that any and all supervision and monitoring activities required of IDEA, Part C are implemented.</p>	<p>20 U.S.C. §1416 34 CFR §303.120</p>
	<p>1.2.15 The ESSO will establish procedures for responding to complaints and resolving conflicts and will ensure the right to due process procedures for all families involved in the early intervention system.</p>	<p>34 CFR §303.430 Policy Handbook 8.1.1 Operations Guide 1.2.15</p>
	<p>1.2.16 The ESSO shall provide assurance that early intervention programs at both the state and local level are operated based on acceptable standards of budgetary and fiscal management and that all individuals participating in the program understand and work in accordance with these procedures.</p>	<p>20 U.S.C. §1437(b)(6) 34 CFR §303.226</p>
	<p>1.2.17 The ESSO will establish and implement policies and procedures to assure the timely reimbursement of the costs of early intervention services and the method and rate of reimbursement.</p>	<p>20 U.S.C. §1435(a)(12) 34 CFR §303.122 34 CFR §303.203(b)(1) 34 CFR §303.510(b) 34 CFR §303.511(b)(2) and (b)(3) 34 CFR §303.520 34 CFR §303.521</p>
	<p>1.2.18 The ESSO will establish agreements or other appropriate written methods with other state agencies involved with services to families and children and/or the early intervention system in order to define the provision of and financial responsibility for service, establish procedures for a timely resolution of disputes, and ensure effective cooperation and coordination.</p>	<p>20 U.S.C. §1435(a)(10)(F) 34 CFR §303.120(e) 34 CFR §303.511 Policy Handbook 11.1.1 Policy Handbook 11.2.1 Policy Handbook 11.2.2</p>

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		Policy Handbook 11.2.6 Florida Medicaid State Plan
	1.2.19 The ESSO will determine the methods by which required state and federal information will be collected, maintained and reported to the Secretary.	20 U.S.C. §1435(a)(14) 34 CFR §303.124 Policy Handbook 12.3.2 through 12.3.11
	1.2.20 The ESSO will develop policies and procedures pertaining to the contracting for, or make other arrangements with, public or private providers of early intervention services.	20 U.S.C. §1435(a)(11) 34 CFR §303.121
	1.2.21 The LES may hire direct service staff or contract with enrolled individuals or agencies that employ enrolled individuals in each service area throughout the state for the coordination, oversight and implementation of the Early Steps in the local area.	Operations Guide 1.2.21
	1.2.22 The ESSO will allocate funds annually to each LES based on the approved allocation formula.	Operations Guide 1.2.22
	1.2.23 Early Steps must provide services from referral through transition in a family-centered manner that recognizes and responds to unique circumstances and needs of infants and toddlers and their families as measured by a variety of qualitative data, including satisfaction surveys, interviews, focus groups, and input from stakeholders.	391.308(1)(a), F.S.
	1.2.24 It is the responsibility of the LES to budget funds in accordance with the approved contract budget to ensure provision of all Early Steps services.	
1.3.0 State Application and Assurances		
Policy		Reference/Related Documents
	1.3.1 In order to receive federal funds under IDEA, Part C the ESSO will submit to the U.S. Department of Education (U.S. ED) an annual application, including any new or revised state policies addressing the minimum components of a statewide system under IDEA, Part C, a description of the use of funds and a statement of	20 U.S.C. §1437 34 CFR §303.101 34 CFR §303.110 34 CFR §303.112 34 CFR §303.203

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	assurances, as outlined in the IDEA, Part C and instructed by the Office of Special Education Programs (OSEP).	34 CFR §303.208 34 CFR §303.228 391.308(2)(a), F.S.
	1.3.2 Prior to submitting the application or adopting a new or revised policy that is needed to comply with IDEA, Part C , the ESSO will: A. Publish the application or policy in a manner that will ensure circulation throughout the State of Florida for at least a 60-day period, with an opportunity for comment on the application or policy for a minimum of 30 days during that period, and B. Hold public hearings, on the application or policy during the 60-day period, providing notice at least 30 days before the hearings are conducted.	20 U.S.C. §1437 34 CFR §303.208
	1.3.3 Reserved	
	1.3.4 The ESSO will publish the hearing notice in newspapers or announce in other media, or both, with adequate coverage to notify the general public throughout the state, including individuals with disabilities and parents of infants and toddlers with disabilities, about the hearings and the opportunity to comment on the application or policy.	20 U.S.C. §1437(a)(8) 34 CFR §303.208
	1.3.5 The hearing notice will be in sufficient detail to inform the public about: A. The purpose and scope of the state application or policy, and its relationship to IDEA, Part C , B. The length of the comment period and the date, time, and location of each hearing, and C. The procedures for providing oral comments or submitting written comments.	20 U.S.C. §1437 34 CFR §303.208
	1.3.6 The ESSO will hold public hearings in a sufficient number and at times and places that afford interested parties throughout the state a reasonable opportunity to participate.	20 U.S.C. §1437 34 CFR §303.208



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	<p>1.3.7 Before adopting the state application, and before adopting a new or revised policy not contained within the application, the ESSO will:</p> <p>A. Review and consider all public comments, and</p> <p>B. Make any modifications it deems necessary in the application or policy.</p>	<p>20 U.S.C. §1437 34 CFR §303.208</p>
	<p>1.3.8</p> <p>A. The Early Steps Program will develop a state plan annually that:</p> <ol style="list-style-type: none"> 1. Assesses the need for early intervention services, 2. Evaluates the extent of the statewide need that is met by the program, 3. Identifies barriers to fully meeting the need, and 4. Recommends specific action steps to improve program performance. <p>B. The plan will be developed through an inclusive process that involves families, LESSs, health care providers, and other stakeholders.</p>	<p>391.308(2)(c), F.S.</p>
	<p>1.3.9</p> <p>A. By December 1 of each year, the ESSO will prepare and submit a report that assesses the performance of the Early Steps Program to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Florida Interagency Coordinating Council for Infants and Toddlers.</p> <p>B. The report will address performance standards and report actual performance compared to the standards for the prior fiscal year.</p> <p>C. The data used to compile the report must be submitted by each LES in the state.</p> <p>D. The report will include the following measures:</p> <ol style="list-style-type: none"> 1. Number and percentage of infants and toddlers served with an individualized family support plan, 2. Number and percentage of infants and toddlers demonstrating improved social or emotional skills after the program, 	<p>391.308(5), F.S.</p>

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	<p>3. Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program,</p> <p>4. Number and percentage of families reporting positive outcomes in their infant's and toddler's development as a result of early intervention services,</p> <p>5. Progress toward meeting the goals of individualized family support plans, and</p> <p>6. Any additional measures established by the Department.</p>	
1.4.0 Financial Policies and Procedures		
Policy		Reference/Related Documents
	<p>1.4.1 IDEA, Part C funds will be used to supplement the level of state and local funds expended for infants and toddlers with disabilities and their families. Part C funds will not be used to supplant existing state and local funds, nor will they be commingled with state funds.</p>	<p>20 U.S.C. §1437(b)(5) 34 CFR §303.225</p>
	<p>1.4.2</p> <p>A. IDEA, Part C funds shall not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, except as interim payments as addressed within Policy 1.4.6.C.</p> <p>B. Individuals with Disabilities Education Act (IDEA), Part C funds may be used for direct services for eligible children and their families that are not otherwise provided from other public or private sources.</p>	<p>20 U.S.C. §1437(b)(5)(B) 20 U.S.C. §1438(1) 20 U.S.C. §1440(a) 34 CFR §303.501 34 CFR §303.510(b) 34 CFR §303.510(a) Operations Guide 1.4.2</p>



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	<p>1.4.3 As Florida receives IDEA, Part C funds, any child determined eligible for IDEA, Part C must receive early intervention services authorized on the IFSP and continue to receive those services until the IFSP team determines that the services are no longer necessary to meet the child and family's developmental outcomes or until the child's third birthday, whichever comes first.</p>	<p>20 U.S.C. §1431(b)(1) 20 U.S.C. §1431(b)(2) 20 U.S.C. §1431(b)(3) 20 U.S.C. §1437 34 CFR §303.101 34 CFR §303.110 34 CFR §303.112 34 CFR §303.228 Policy Handbook 6.1.2 Policy Handbook 6.1.3 Operations Guide 1.4.3</p>
	<p>1.4.4</p> <p>A. The LES or service provider must bill public or private sources or third party payor for direct services for eligible children and their families unless the family denies permission per policy 1.7.1.</p> <p>B. LESs and service providers shall not be paid IDEA, Part C funds for direct services unless third party collection is denied by the third party payor, and written evidence of denial is on file with the service provider.</p> <p>C. Part C funds may be used rather than billing insurance when the Early Steps rate for the service is less than the rate Early Steps would pay for the family's insurance copay and/or deductible.</p>	<p>391.308(2)(i), F.S. Operations Guide 1.4.4</p>
	<p>1.4.5 The order in which funding for services are to be sought is as follows:</p> <ul style="list-style-type: none"> A. Commercial insurance B. Medicaid C. Community funding D. Other state program funds E. Other federal program funds F. IDEA, Part C funds 	
	<p>1.4.6 IDEA, Part C funds may be used to pay for the provision of services and supports when:</p> <ul style="list-style-type: none"> A. The responsible entity fails to provide or pay for services that have been authorized by the IFSP. 	<p>20 U.S.C. §1440(a) 20 U.S.C. §1440(b)(2)(A) 20 U.S.C. §1440(b)(2)(B) 34 CFR §303.510(b)</p>

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	<p>B. The determination of payment responsibility has not been made and services must be provided prior to such a determination.</p> <p>C. It is necessary to prevent a delay in the timely provision of services to eligible infants and toddlers and their family:</p> <ol style="list-style-type: none"> 1. Early intervention services and supports, 2. Other functions and services authorized under Individuals with Disabilities Education Act (IDEA), Part C, including child find, evaluation, and assessment, and 3. Eligible health services (but not medical services). <p>D. After the determination of payment responsibility has been made, the Local Early Steps will seek reimbursement of the interim payment, to the maximum possible, by the responsible entity for the IDEA, Part C funds previously expended.</p>	<p>Operations Guide 1.4.6</p>
	<p>1.4.7 IDEA, Part C funds can be appropriately used as the payor of last resort to ensure that early intervention services are provided in the natural environment if a third party payor does not cover the provision of a particular early intervention service in the setting specified to be the natural environment on the Individualized Family Support Plan (IFSP).</p>	<p>20 U.S.C. §1440(a) 20 U.S.C. §1440(b)(2)(A) 34 CFR §303.13(a)(8) 34 CFR §303.222 34 CFR 303.501 34 CFR 303.510 Operations Guide 1.4.7</p>
	<p>1.4.8 IDEA, Part C funds may be used to provide early intervention services for eligible children and their families that are not otherwise provided from other public or private sources, or to expand and improve on services that are otherwise available.</p>	<p>20 U.S.C. §1438(2) 34 CFR §303.501(a) 34 CFR §303.501(b)</p>
	<p>1.4.9 The ESSO may use funds under IDEA, Part C that are reasonable and necessary for administering the early intervention program for infants and toddlers with disabilities.</p>	<p>34 CFR §303.501</p>



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	1.4.10 IDEA, Part C funds may be used to pay co-payments and/or deductibles to third party payers for authorized services when necessary for the child and family to access services, as identified on the IFSP .	34 CFR §303.500 34 CFR §303.521(a)(6)
	1.4.11 IDEA, Part C funds appropriated for Early Steps that are not fully expended in the year in which they were appropriated will “roll forward” and become available to Early Steps during the subsequent fiscal year.	34 CFR §303.205 Operations Guide 1.4.11
	1.4.12 Policies related to how services to IDEA, Part C eligible children and their families will be provided and paid must be reflected in the interagency agreements and other required methods.	34 CFR §303.120(f) 34 CFR §303.511 Policy Handbook 11.1.1 Policy Handbook 11.2.1 Policy Handbook 11.2.2 Policy Handbook 11.2.6
	1.4.13 The ESSO as the IDEA, Part C Lead Agency, will not construe any provision in the IDEA Part C statute or regulations as permitting the state to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for children eligible under this part) when those services are included in the child’s IFSP.	34 CFR §303.510(c)
	1.4.14 Early Steps may perform fundraising activities to support program expenses, provided that the following requirements are met: A. No IDEA, Part C funds are used to support the cost of fundraising activities. B. Fundraising activities conducted under the auspices of Early Steps are related to generating revenue for the benefit of the Early Steps children and families and used accordingly.	2 CFR §225 Appendix B Operations Guide 1.4.14
	1.5.0 System of Payments	
Policy	Reference/Related Documents	



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	1.5.1 The Early Steps system of payments does not include any sliding or cost participation fees but includes the use of public and private insurance, as outlined in section Policy Handbook 1.6.0 .	20 U.S.C. §1432(4)(B) 34 CFR §303.520 34 CFR §303.521(a)
	1.5.2 Parents are not required to pay any costs related to IDEA, Part C services, therefore: A. Parents are not charged any out-of-pocket costs for any IDEA, Part C services, B. Fees will not be charged for the services that a child is otherwise entitled to receive at no cost to the parents, C. The inability of the parents to pay for services will not result in the delay or denial of services to the child or the child’s family, and D. All Part C services on the IFSP are available to the child and family whether or not consent to use insurance or Medicaid is required or provided.	34 CFR 303.520(b)(1)(2)(3)(4) 34 CFR §303.520(c) 34 CFR §303.521(a)(4)(i) and (ii) 34 CFR §303.520(a)(3)(iii)
	1.5.3 No services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.	34 CFR §303.511(d) Operations Guide 1.5.3
	1.5.4 The LES will not charge fees to parents for the following services and supports: A. Implementation of the child find requirements, B. Evaluation and assessment , C. Service coordination ; or D. Administrative and coordinative activities related to: 1. The development, review and evaluation of IFSPs , and 2. The implementation of procedural safeguards and the other components of the statewide system of early intervention services . E. _____ Early intervention services authorized on the IFSP, including any co-payments or deductibles related to these services.	20 U.S.C. §1432(4)(B) 34 CFR §303.521(b) 34 CFR §303.521(a)

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	1.5.5 Local Early Steps must ensure that parents are not responsible for any co-payments or deductibles for IDEA, Part C services authorized on the IFSP .	20 U.S.C. §1432(4)(B) 34 CFR §303.500(b) 34 CFR §303.521(a) Operations Guide 1.5.5
	1.5.6 Parents will be responsible for the cost of any premiums or any other potential long-term costs, such as the loss of benefits, because of annual or lifetime health insurance coverage caps under the insurance policy.	34 CFR §303.520(b)(1)(ii) 34 CFR §303.520(b)(1)(iii) 34 CFR §303.521(a)(6) 34 CFR §303.520(a)(4)
	1.5.7 When a family has both private insurance: A. State Medicaid Regulations require the use of Private Insurance as the primary insurance, and B. Early Steps cannot bill Medicaid unless the parent has already provided consent to bill private insurance	34 CFR §303.520(a)(3)(iv) 34 CFR §303.520(b)(1)(i)
	1.5.8 A. Families have the right to contest a fee via dispute options outlined in the Summary of Family Rights which includes: <ol style="list-style-type: none">1. Participation in mediation,2. Requesting a due process hearing, and3. Filing a state complaint. B. Families will be informed of these rights via the Written Notice Related to Private Insurance and Medicaid/System of Payment .	34 CFR §303.521(e)(1) 34 CFR §303.521(e)(2) Policy Handbook 8.1.1 Written Notice Related to Private Insurance and Medicaid - Spanish Written Notice Related to Private Insurance and Medicaid - Creole
	1.5.9 Proceeds or funds from public insurance (e.g., Medicaid reimbursements attributable directly to federal funds) or private insurance will not be treated as program income.	34 CFR §80.25 34 CFR §303.225 34 CFR §303.520(d)
1.6.0 Public and Private Insurance		
Policy		Reference/Related Documents
	1.6.1 A. A LES representative will provide and discuss with each family the information outlined in the Written Notice Related to Private Insurance and Medicaid/System of Payment policies initially and each time parental consent is required per Policy 1.7.1 and Policy 1.8.3 .	34 CFR 303.520(a)&(b) Policy Section 1.7.0 Policy Section 1.8.0 Policy 1.8.4 Operations Guide 1.6.1 Written Notice Related to Private Insurance and Medicaid - Spanish

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	B. The LES must document that the Written Notice/System of Payment policies was given and explained to the family using the Informed Consent for Use of Private Insurance form.	Written Notice Related to Private Insurance and Medicaid - Creole Informed Consent for Use of Private Insurance - Spanish Informed Consent for Use of Private Insurance - Creole
	1.6.2 A. When there is indication that public and/or private insurance is available to cover an IFSP authorized service, and the parent has not declined the use of that insurance, the LES or service provider must not bill or be reimbursed by Part C, IDEA funds unless the following is received: 1. Denial of payment by the insurance company on company letterhead or other written documentation from the insurance company, or 2. An Explanation of Benefits (EOB). C. When documentation outlined in 1.6.2.A.1 and 1.6.2.A.2 is not received, the LES or service provider must submit documentation that the payment by Early Steps is permissible per 1.4.6 .	Policy 1.4.10 Operations Guide 1.6.2
	1.6.3 A. When the family consents to bill their public or private insurance, the service provider must pursue all insurance denials of service coverage unless the insurance company's policy is very clear and it has been confirmed that a particular service is not covered or is only covered for a specific number of sessions. B. There must be documentation in the Early Steps record as to the circumstances that led to the decision not to access the family's insurance per in 1.6.3.A .	Operations Guide 1.6.3
	1.6.4 Reserved	
	1.6.5 When there are difficulties obtaining payment from public and private insurance companies for services that are appropriate for coverage, the LES and/or provider must obtain all relevant information and assist/instruct the family in filing an appeal with the insurance company.	Operations Guide 1.6.5
	1.6.6 If the LES and/or provider receives no response from the insurance company or a pattern of denied claims	https://ahca.myflorida.com/Medic aid/complaints/

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	is established, the LES and/or provider will submit a complaint via the AHCA portal or through the Office of Insurance Regulation (OIR), for investigation as appropriate.	http://www.myfloridacfo.com/Division/Consumers/needourhelp.htm
	<p>1.6.7</p> <p>A. If a LES or service provider does not receive payment from an insurance company, the following steps must be taken:</p> <ol style="list-style-type: none"> 1. Ensure the proper billing procedures were followed, 2. Review the diagnosis code(s) to determine if it was correctly submitted to the insurance company, and 3. Determine if additional documentation is necessary to successfully obtain payment. <p>B. A claim must be resubmitted if any of the circumstances in 1.6.7.A. are identified as necessary to obtain payment.</p> <p>C. Early Steps funds shall not be used if the LES or service provider fails to follow the steps in 1.6.7.A. and 1.6.7.B.</p>	
	<p>1.6.8</p> <p>A. Service providers on the child's insurance plan must be used for service provision as authorized on the IFSP when the family consents to use of their public or private insurance.</p> <p>B. This provision shall not result in a delay or denial of Early intervention services on the IFSP.</p>	
1.7.0 Use of Private Insurance		
Policy		Reference/Related Documents
	<p>1.7.1</p> <p>A. The LES must obtain written parental consent prior to using a parent's private insurance to pay for IDEA, Part C services:</p> <ol style="list-style-type: none"> 1. When the LES or provider seeks to use the parent's private insurance or benefits to pay for the initial provision of any early intervention service in the IFSP, and 	<p>34 CFR §303.511(d)(2)</p> <p>34 CFR §303.520(b)(1)(i)</p> <p>Policy 5.3.18</p> <p>Operations Guide 1.7.1</p> <p>Informed Consent for Use of Private Insurance - Spanish</p> <p>Informed Consent for Use of Private Insurance - Creole</p>

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	<p>2. Each time there is an increase in frequency, length, duration, or intensity of services in the child's IFSP.</p> <p>B. A family's private insurance cannot be used under any circumstance unless the family provides consent for its use.</p> <p>C. Written consent for use of private insurance must be documented on the Informed Consent for Use of Private Insurance form.</p>	
	1.7.2 When obtaining consent for the initial use of private insurance, the LES must provide to the parent a copy of the state system of payment policies that identify the potential costs that the parents may incur as a result of the use of their private insurance to pay for IDEA, Part C services, such as co-payments, premiums or deductibles or loss of insurance benefits.	34 CFR §303.520(b)(1)(iii) Early Steps System of Payment Policies Early Steps System of Payment Policies – Spanish Early Steps System of Payment Policies - Creole
	1.7.3 The LES will not be responsible for payment to the service provider because the parent(s) refused payment of benefits to the service provider when the family has allowed access to their insurance and the insurance company has paid the parent directly.	Operations Guide 1.7.3
1.8.0 Use of Public Insurance/Medicaid		
Policy		Reference/Related Documents
	1.8.1 The LES may not require parents to sign up or enroll either themselves or their child in Medicaid in order to receive IDEA, Part C services.	34 CFR §303.520(a)(2)(i) Policy 1.8.3
	1.8.2 RESCINDED	
	<p>1.8.3</p> <p>A. Consent is required:</p> <p>1. Prior to use of Medicaid benefits, including targeted case management and other direct</p>	34 CFR §303.7 34 CFR §303.414 34 CFR §303.511(d)(2) 34 CFR §303.520(a)(2)

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	<p>services, whether enrollment in Medicaid occurs before or after referral to Early Steps; and</p> <p>2. Before a child’s personally identifiable information is disclosed to:</p> <ul style="list-style-type: none"> a. A Managed Care Plan in order to request or receive services or benefits, or b. Authorized representatives of the Medicaid program <p>3. Whenever the use of Medicaid would:</p> <ul style="list-style-type: none"> a. Decrease available lifetime coverage or any other insured benefit for the child or parent, b. Result in the child’s parents paying for services that would otherwise have been paid for by the public benefits or insurance program, c. Result in any increase in premiums or cancellation of public benefits or insurance for the child or parent, or d. Risk the loss of eligibility for the child or the child’s parents for home and community-based waivers based on total health-related cost. <p>B. The circumstances in 1.8.3.A. will not impact a family’s right to deny use of private insurance.</p>	<p>34 CFR §303.520(a)(3)(i)</p>
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	<p>1.8.4 The Written Notice Related to Private Insurance and Medicaid must be given and discussed with all families per Policy 1.6.1, and address the following related to Medicaid:</p> <p>A. A statement of the no-cost protections outlined in 34 CFR §303.520(a)(2).</p> <p>B. Parental consent is required before a child's personally identifiable information is disclosed to Medicaid</p> <p>C. Parents have the right to withdraw their consent at any time to disclosure of a child's personally identifiable information to the Medicaid fiscal agent for billing purposes, and</p> <p>D. General costs to parents for participating in public insurance/ Medicaid (such as co-payments or deductibles or the required use of private insurance as the primary insurance).</p>	<p>34 CFR §303.520(a)(1)</p> <p>34 CFR §303.520(a)(3)</p> <p>Written Notice Related to Private Insurance and Medicaid - Creole</p> <p>Written Notice Related to Private Insurance and Medicaid - Spanish</p>
	<p>1.8.5</p> <p>A. The LES and service providers must enroll with the state Medicaid program and request payment for services in accordance with all Medicaid rules, in order to access Medicaid funds for all covered services provided to Medicaid enrolled families.</p> <p>B. The LESs must have agreements with Managed Care Plan as outlined in Policy 11.3.1.B.</p> <p>C. Community service providers must seek enrollment with the Managed Care Plans in their region.</p> <p>D. If a child is enrolled in an MMA Plan, Early Steps must use provider(s) enrolled with the MMA Plan for service provision; it is not permissible to use Early Steps funds to pay for a service that is otherwise covered.</p>	<p>Policy Handbook 8.5.6.H</p> <p>Policy Handbook 11.3.1.B.</p> <p>Operations Guide 1.8.5</p> <p>Florida Medicaid Child Health Services Targeted Case Management Coverage and Limitations Handbook</p> <p>Florida Medicaid Early Intervention Services Coverage and Limitations Handbook</p> <p>Florida Medicaid Durable Medical Equipment Coverage and Limitations Handbook</p> <p>Florida Medicaid Therapy Services Coverage and Limitations Handbook</p> <p>Other Provider Handbooks</p>



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	1.8.6 IDEA, Part C funds cannot be used to duplicate or supplement payments made by Medicaid . Service providers must agree to accept Medicaid payment rate as payment in full for the service authorized by the IFSP.	34 CFR §303.510
	1.8.7 Service providers cannot request additional funds from families to supplement established Medicaid and ESSO rates, including Medicaid HMO rates.	Operations Guide 1.8.7
	1.8.8 The ESSO will fund services based on the prevailing State of Florida Medicaid fee-for-service rates for services, when such a rate has been established.	Florida Medicaid Early Intervention Services Coverage and Limitations Handbook Florida Medicaid Therapy Services Coverage and Limitations Handbook
	1.8.9 When there is not an established Medicaid rate for a specific service, the ESSO may establish and use a payment rate for the service.	Operations Guide 1.8.8
	1.8.10 With the parent's permission, the services on the child's Individualized Family Support Plan should be communicated to the child's Managed Care Plan .	391.308(4)(j)(1), F.S. 8.5.6.H Policy
1.9.0 State Interagency Coordinating Council		
Policy		Reference/Related Documents
	1.9.1 The ESSO will establish and maintain a statewide, interagency coordinating council to assist and advise the ESSO in coordinating activities for the planning and implementation of the IDEA, Part C component of Early Steps .	20 U.S.C. §1441(a)(1) 34 CFR §303.600 391.308(6), F.S.
	1.9.2 Members of the council, known as the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) , must be appointed by the Governor and membership must reasonably represent the population of the state.	20 U.S.C. §1441(a)(2) 34 CFR §303.600(b)

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	<p>1.9.3 The Governor shall designate a member of FICCIT to serve as the chairperson of the council or require FICCIT to do so. Any member of FICCIT who is a representative of the ESSO may not serve as the chairperson of the council.</p>	<p>20 U.S.C. §1441(a)(3) 34 CFR §303.600(c)</p>
	<p>1.9.4 The composition of FICCIT must include the following:</p> <p>A. At least 20 percent of the members must be parents, including minority parents of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities,</p> <p>B. At least one member must be a parent of an infant or toddler with a disability or a child with a disability aged six years or younger,</p> <p>C. At least 20 percent of the members must be public or private providers of early intervention services and supports,</p> <p>D. At least one member must be from the Florida Legislature,</p> <p>E. At least one member must be involved in personnel preparation,</p> <p>F. At least one member must be from each of the state agencies involved in the provision of, or payments for, early intervention services and supports to infants and toddlers with disabilities and their families and have sufficient authority to engage in policy planning and implementation on behalf of these agencies,</p> <p>G. At least one member must be from the state educational agency (SEA) responsible for preschool services to children with disabilities and have sufficient authority to engage in policy planning and implementation on behalf of that agency,</p> <p>H. At least one member must be from the agency responsible for the state regulation of private health insurance,</p> <p>I. At least one member must be from a Head Start agency or program in the state,</p>	<p>20 U.S.C. §1441(b) 34 CFR §303.601</p>

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	<p>J. At least one member must be from a state agency responsible for child care,</p> <p>K. At least one member must be from the agency responsible for the state Medicaid and Children’s Health Insurance Program (CHIP),</p> <p>L. At least one member must be a representative designated by the Office of the Coordinator for Education of Homeless Children and Youth,</p> <p>M. At least one member must be a representative from the state child welfare agency responsible for foster care,</p> <p>N. At least one member must be a representative from the state agency responsible for children’s mental health, and</p> <p>O. One member may be appointed by the Governor to represent more than one program or agency listed in H. through N. above.</p>	
	<p>1.9.5 FICCIT may also include other members selected by the Governor, including a representative from the Bureau of Indian Education (BIE) or where there is no school operated or funded by the BIE in the state, from the Indian Health Service or the tribe or tribal council.</p>	<p>20 U.S.C. §1441(b)(2) 34 CFR §303.601(c)</p>
	<p>1.9.6 FICCIT shall meet at least quarterly and in such places as it deems necessary. The FICCIT meetings must:</p> <p>A. Be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend,</p> <p>B. To the extent possible, be open and accessible to the general public, and</p> <p>C. Provide interpreters for persons who are deaf and other necessary services, both for FICCIT members and participants, as needed. The Council may use IDEA, Part C funds to pay for those services.</p>	<p>20 U.S.C. §1441(c) 34 CFR §303.602</p>

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	<p>1.9.7 Subject to the approval of the Governor, FICCIT funds may be used to:</p> <ul style="list-style-type: none"> A. Conduct hearings and forums, B. Reimburse members of FICCIT for reasonable and necessary expenses for attending council and committee meetings and performing council duties (including child care for parent representatives), C. Pay compensation for a FICCIT member if the member is not employed or must forfeit wages from other employment when performing official FICCIT business. D. Hire staff, E. Obtain the services of professional, technical and clerical personnel as may be necessary to carry out the performance of its functions under IDEA, Part C. 	<p>20 U.S.C. §1441(d) 34 CFR §303.602 34 CFR §303.603 Operations Guide 1.9.7</p>
	<p>1.9.8 The functions of FICCIT shall include the following:</p> <ul style="list-style-type: none"> A. Advise and assist the ESSO regarding the provision of appropriate services for children aged birth to three years, B. Advise appropriate agencies in the state with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of the eligibility of at-risk infants and toddlers for early intervention services and supports in the state, C. Advise and assist the ESSO in the identification of sources of fiscal and other support for services for early intervention programs, D. Advise and assist the ESSO in the assignment of financial responsibility to the appropriate agency, E. Advise and assist the ESSO in the promotion of methods (including use of intra-agency and interagency agreements) for intra-agency and interagency collaboration regarding child find, monitoring, financial responsibility for and provision of early intervention services and transition, F. Advise and assist the ESSO in the preparation of applications and amendments to those applications, 	<p>20 U.S.C. §1441(e) 20 U.S.C. §1441(e)(2) 34 CFR §303.604 34 CFR §303.605</p>

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	<p>G. Advise and assist the ESSO and Department of Education regarding the transition of toddlers with disabilities to preschool and other appropriate services,</p> <p>H. Prepare an annual report to the governor and U.S. ED secretary on the status of early intervention programs for infants and toddlers with disabilities and their families operated within the state,</p> <p>I. Submit the report to the U.S. ED secretary by a date that the secretary establishes that contains the information required by the secretary for the year for which the report is made, and</p> <p>J. In addition, the Council may carry out the following activities: Coordinate and collaborate with the State Advisory Council on Early Childhood Education and Care for children and other state interagency early learning initiatives, as appropriate.</p>	
	1.9.9 No member of FICCIT may cast a vote on any matter that is likely to provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.	20 U.S.C. §1441(f) 34 CFR §303.601(d)
	1.9.10 FICCIT members shall serve without compensation from funds available under IDEA, Part C , except as allowed in Policy Handbook 1.9.7 above.	20 U.S.C. §1441(d) 34 CFR §303.603(b)
1.10.0 Monitoring, Technical Assistance and Enforcement		
Policy		Reference/Related Documents
Monitoring		
	1.10.1 ESSO will monitor each LES , using quantifiable and qualitative indicators to adequately measure performance, in the areas of early intervention services in natural environments, and state general supervision activities, including child find, effective monitoring, the use of resolution meetings, mediation, system of transition services and any others specified by U.S. ED/OSEP.	20 U.S.C. §1416(a)(3)(B) 34 CFR 303.700(d) Operations Guide 1.10.1
	1.10.2 ESSO monitoring of LES will focus on IDEA, Part C State Performance Plan/Annual Performance Report indicators and improving early intervention results and functional outcomes for infants and toddlers with developmental delays and disabilities and their families.	20 U.S.C. §1416(a)(2) 34 CFR 303.700(b)

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	<p>1.10.3 The ESSO will monitor LES using quantifiable and qualitative indicators to adequately measure performance standards as specified in the LES contract and collect valid and reliable information as needed to report annually to the U.S. ED/OSEP.</p>	<p>20 U.S.C. §1416(a)(3)(B) 20 U.S.C. §1416(b)(2)(B)(i) 34 CFR 303.700(c) 34 CFR 303.701(c) Policy Handbook 12.7.1</p>
	<p>1.10.4 The ESSO will collect data through monitoring or sampling.</p>	<p>20 U.S.C. §1416(b)(2)(B)(i) 34 CFR 303.701(c) 34 CFR 303.702(b)(1)(ii) Policy Handbook 12.7.5</p>
	<p>1.10.5 The ESSO monitoring of LES will be done through Quality Assurance Reviews on at least annual basis in accordance with the provisions of Early Steps Continuous Improvement Process and policies, as specified in the LES contract.</p>	
	<p>1.10.6 The ESSO monitoring of LES will include analyzing performance and compliance trends across LES and statewide. The analysis will serve as the basis for decision-making regarding personnel development and training needs, resource allocation, statewide and local technical assistance, implementation of incentives and enforcement actions, determinations and policy revision and clarification. The analysis will include a review of the following information:</p> <ul style="list-style-type: none"> A. Progress towards the State Performance Plan/Annual Performance Report targets, B. Status of implementation of the team-based Primary Service Provider approach, C. Identified training needs, D. Dispute resolution issues, E. Feedback from families, F. Results of Quality Assurance monitoring, G. Timely correction of noncompliance, and H. Identified barriers regarding equitable access to, and participation in, IDEA, Part C and strategies to address those barriers. 	<p>34 CFR §303.212(a)</p>
	<p>1.10.7 LES found out-of-compliance through monitoring activities will be required to correct noncompliance as</p>	<p>20 U.S.C. §1416 34 CFR 303.700(e)</p>

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	soon as possible but no later than one year of identification.	Operations Guide 1.10.7
	1.10.8 Each LES will monitor local service providers using, at a minimum, the quantifiable and qualitative local performance standards specified in the LES contract.	
	1.10.9 Any LES that does not correct noncompliance within one year of notification will be subject to sanctions and other appropriate enforcement mechanisms which must include, if applicable: technical assistance, increased reporting requirements, participation in mandatory training, imposing conditions on the LES funding and completion of correction activities to address the compliance issue(s), and/or withholding of funds, in whole or in part, by ESSO . Enforcement procedures are specified in the LES contract.	34 CFR 303.700(a)(3)
	1.10.10 Reserved	
	1.10.11 The ESSO shall provide technical assistance to all LES , with a special emphasis on those LES demonstrating noncompliance. The ESSO shall customize the technical assistance provided based on the causal factors and identified needs for each LES to improve performance and to achieve or maintain compliance. Technical assistance will be provided in the form of on-site visits, review and feedback on documentation submitted by LES, conference calls with LES, facilitation of training, policy clarification, and connecting the LES to available expertise.	391.308(2)(m), F.S.
	1.10.12 LES with noncompliance will develop a plan for improvement which includes strategies that will be implemented to ensure that noncompliant practices are corrected as soon as possible, but no later than within one year of identification.	34 CFR §303.700(e)
	1.10.13 LES will adhere to monitoring activities and continuous improvement procedures outlined by the ESSO and specified in the LES contract.	Operations Guide 1.10.13
	1.10.14 The ESSO will: A. Establish performance standards and other metrics for evaluation of LES , including standards for	391.308(1), F.S. 391.308(2)(l), F.S.

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	<p>measuring timeliness of services, outcomes of early intervention services, and administrative efficiency,</p> <p>B. Develop performance standards and metrics in consultation with LESs, and</p> <p>C. Ensure compliance with the statutorily required performance standards.</p>	
1.11.0 State Performance Plan/Annual Performance Report		
	1.11.1 The ESSO shall monitor implementation of the Early Steps program through the State Performance Plan/Annual Performance Report. The State Performance Plan/Annual Performance Report shall evaluate statewide efforts to implement the requirements of IDEA, Part C and describe how the state will improve such implementation.	20 U.S.C. §1416(b)(1) 34 CFR §303.700(b)(2)
	1.11.2 The State Performance Plan/Annual Performance Report must establish measurable and rigorous targets for the priority areas specified in Policy Handbook 1.10.1 and any others specified by U.S. ED/OSEP. These targets must be utilized to analyze the performance of each LES .	20 U.S.C. §1416(b)(2)(A) 34 CFR §303.701(a) 34 CFR §303.702(a)
	1.11.3 The ESSO will monitor, enforce and annually report on the implementation of the state's early intervention system in accordance with IDEA, Part C by LES .	20 U.S.C. §1416(a)(1) 34 CFR §303.700(a) Policy 1.10.23
	1.11.4 The ESSO will submit the IDEA, Part C State Performance Plan/Annual Performance Report to the U.S. ED/OSEP for approval in accordance with the approval process outlined in IDEA, Part C and instruction of OSEP.	20 U.S.C. §1416(b)(1)(B) 34 CFR §303.702 34 CFR §303.706
	1.11.5 The ESSO will review the State Performance Plan/Annual Performance Report at least once every six years and submit any amendments to U.S. ED/OSEP.	20 U.S.C. §1416(b)(1)(C) 34 CFR §303.701(b)
	1.11.6 The ESSO will evaluate and report annually to the public on the performance of each LES in a manner that will not disclose personally identifiable information about individual children.	20 U.S.C. §1416(b)(2)(C)(ii)(I) 34 CFR §303.702 34 CFR §303.722
	1.11.7 The ESSO will ensure that the IDEA, Part C State Performance Plan/Annual Performance Report, which includes the performance of each LES on the targets in	20 U.S.C. §1416(b)(2)(C)(ii)(I) 34 CFR §303.702

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	<p>the State Performance Plan, are made available to the public through public means, including posting on the Early Steps' website, distribution to the media, to each LES, and through public agencies.</p> <p>A. Posting of the Annual Performance Report must occur no later than 120 days following the state's submission of its annual performance report to the Secretary.</p> <p>B. The Annual Performance Report must contain the most recently available performance data on each LES program and the date the data were collected.</p>	
	<p>1.11.8 The ESSO will report annually to the U.S. ED/OSEP on the performance of the state under the State Performance Plan in a manner that will not disclose personally identifiable information about individual children or where the data is insufficient to yield statistically reliable information.</p>	<p>20 U.S.C. §1416(b)(2)(C)(ii)(II) 34 CFR §303.702</p>
	<p>1.11.9 If ESSO receives notice that the U.S. ED is proposing to take or is taking an enforcement action resulting from the State Performance Report, the state must, by means of a public notice, take any necessary measures to bring the pending action to the attention of the public within the state, to include posting the notice on ESSO's Web site and distributing the notice to the media and to each LES.</p>	<p>34 CFR §303.706</p>
1.12.0 Determinations		
	<p>1.12.1 The ESSO shall make determination annually about the performance of each LES and take the required actions as outlined in IDEA, Part C, based on information provided by LES in the State Performance Plan/Annual Performance Report, obtained through monitoring and other public information. The determination(s) given to the LES shall include:</p> <ul style="list-style-type: none"> A. Meets the requirements, B. Needs assistance, C. Needs intervention, and D. Needs substantial intervention in implementing the requirements of IDEA, Part C. 	<p>20 U.S.C. §1416(d) 34 CFR §303.700(a)(2) 34 CFR §303.703(b) Operations Guide 1.10.23</p>

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