

Proposed Policy Amendments (25/26)



Part C Application	Document	Old Language	New Language	Impact/Description
Section II.A.4	Policy Handbook #5.1.4 (p.50)	<p>The following IFSP types should be developed for children closed and re-referred:</p> <p>A. A periodic IFSP should be developed for children who were closed, and re-referred, up to 9 months from the date an initial or annual IFSP.</p> <p>B. An annual IFSP should be developed for children who were closed, and re-referred, between 9 and 12 months from the date of an initial or annual IFSP.</p> <p>C. A second initial IFSP should be developed for children who were closed, re-referred, more than 12 months from the date of the initial IFSP.</p>	Policy will be removed.	The new Early Steps Data System (ESDS) will no longer refer to these IFSP types. Instead, the system will have logic developed that will properly assign IFSP tasks based on the re-referral timeframe (thus removing the need for a secondary initial IFSP).
Section II.A.4	Policy Handbook #6.3.1 (p.64)	The date and time of the consultation must be shared with the family prior to the meeting. When the family wants to participate in the consultation, the professionals must accommodate this request. A family can request a consultation at any time.	Policy will be removed.	This policy is being removed to align with the definition for consultation between two providers. The removal of this requirement will make it easier for providers to coordinate and discuss child cases.
Section II.A.4	Policy Handbook #6.12.3 (p.70)	<p>6.12.3 Early Steps services must be terminated by the child's third birthday. IDEA, Part C funds may only be used on or beyond a child's third birthday for the following reasons:</p> <p>A. Fund a service coordinator's attendance at an initial IEP meeting for a child transitioning from IDEA, Part C to IDEA, Part B;</p>	<p>6.12.3 Early Steps services must be terminated by the child's third birthday. IDEA, Part C funds may only be used on or beyond a child's third birthday for the following reasons:</p> <p>A. Fund a service coordinator's attendance at an initial IEP meeting for a child transitioning from IDEA, Part C to IDEA, Part B;</p>	Update to policy will reflect child outcome summary (COS) process implementation accurately by removing evaluation language and clarifying allowable billing timeframes (i.e., the COS process should take place before exit).

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		<p>B. Pay for the administration of the exit evaluation for child outcome measurement; or</p> <p>C. Provide compensatory services after a child's third birthday, as justified and authorized on the IFSP, because it has been determined, via one of the following means, that services have been delayed or interrupted due to some failure on the part of the LES or service provider.</p> <ol style="list-style-type: none"> 1. Hearing decision, 2. State complaint decision, 3. Mediation agreement, or 4. Finding through other general supervision activities 	<p>B. Pay for the administration of the exit evaluation for child outcome measurement; or</p> <p>B. Provide compensatory services after a child's third birthday, as justified and authorized on the IFSP, because it has been determined, via one of the following means, that services have been delayed or interrupted due to some failure on the part of the LES or service provider.</p> <ol style="list-style-type: none"> 1. Hearing decision, 2. State complaint decision, 3. Mediation agreement, or 4. Finding through other general supervision activities 	
Section II.A.4	Policy Handbook #10.3.5 (p.110)	LES will use providers who are not enrolled in the Early Steps Data System only when the family's insurance policy requires use of a specific provider who is not enrolled.	Policy will be removed.	Early Steps providers must be documented in the ESDS, even if they are external providers.
Section II.A.4	Policy Handbook #10.5.1.B.11 (p.110)	Level II Security Background investigation pursuant to Florida Statute Chapter 435 standards completed within the past 12 months (exceptions are APRN, PA, RN)	Level II Security Background investigation pursuant to Florida Statute Chapter 435 standards completed within the past 5 years. 12 months (exceptions are APRN, PA, RN);	Screening requirement has been corrected to accurately reflect the 5-year timeline.
Section II.A.4	Policy Handbook #10.5.4 (p.113)	<p>Therapy Assistants and Speech Language Pathologists with provisional licenses must:</p> <p>A. Follow the supervision requirements of their licensure when serving children under the auspices of the Early Steps system.</p> <p>B. Provide information regarding their supervising therapist on the Early Steps Provider Supervision form as part of the Early Steps application and approval process.</p>	<p>Therapy Assistants and Speech Language Pathologists with provisional licenses must:</p> <p>A. Follow the supervision requirements of their licensure when serving children under the auspices of the Early Steps system.</p> <p>B. Provide information regarding their supervising therapist on the Early Steps Provider Supervision form as part of the Early Steps application and approval process.</p>	Removal of Speech Language Pathologists (SLPs) with provisional licenses and the Early Steps Provider Supervision form. SLPs with provisional licenses meet state and federal requirements (including Medicaid) and are considered licensed SLPs, separate from SLP Therapy Assistants (SLPAs), who cannot enroll in Medicaid or bill independently.

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Section II.A.4	Policy Handbook #10.6.1 (p.113)	Non-licensed providers who can provide services to infants and toddlers in the Early Steps Program are: A. Infant and Toddler Developmental Specialists (ITDS), and B. Board Certified Associate Behavior Analysts (BCABA)	ITDS are non-licensed providers who can provide services to infants and toddlers in the Early Steps Program.	BCABA and BCBA are not listed as allowable professions in the Florida Medicaid EIS Coverage Policy.
Section II.A.4	Policy Handbook #10.6.6 (p.116)	Board Certified Associate Behavior Analysts (BCABA) must be supervised by a Board Certified Behavior Analyst (BCBA) and must provide information regarding their supervising BCBA on the Early Steps Provider Supervision form as part of the Early Steps application and approval process.	Policy will be removed.	BCABA and BCBA are not listed as allowable professions in the Florida Medicaid EIS Coverage Policy.
Section II.A.4	Policy Handbook Component 12 (p.121)	Component will be updated to reflect new Early Steps Data System acronym and processes. "Reserved" Policies will be removed and lists will be reformatted for consistency throughout the document.	N/A	Component will accurately reflect the new ESDS and ensure consistent formatting throughout.
Section II.A.4	Policy Handbook #12.3.4 (p.122)	The date of closure is the date that child exited Early Steps, which should be the same as the date noted on the written prior notice and not later than the child's third birthday. It is not allowable to bill Medicaid for any action/service provided on or after a child's third birthday.	The date of closure is the date that child exited Early Steps, which should be the same as the date noted on the written prior notice and not later than the child's third birthday. It is not allowable to bill Medicaid for any action/service provided on or after a child's third birthday.	Redundant language will be removed. Policy will accurately reflect scenarios where billing after the child's third birthday is allowable.
Section II.A.4	Policy Handbook #12.3.6 (p.112)	The LES must ensure that an IFSP date is not entered into the Early Steps data system for any child determined ineligible for Early Steps.	Policy will be removed.	New ESDS will have business logic implemented to prevent this from occurring.
Section II.A.4	Policy Handbook #12.5.2 (p.123)	If an initial IFSP has been developed, the Early Steps record maintained by the LES must, at a minimum, consist of the following: A. Referral information,	If an initial IFSP has been developed, the Early Steps record maintained by the LES must, at a minimum, consist of the following within the ESDS: A. Referral information,	Policy 12.5.2 and 12.5.3 will be combined into a comprehensive list regarding LES records to reduce redundant language.

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		<p>B. Informed Notice and Consent for Screening, evaluation, Assessment and Follow-Up Review, C. Informed Consent for the Use of Private Insurance, D. Prior Written Notice documentation, E. Authorization to Disclose Confidential Information, F. Log of Access to Confidential Record (DH-CMS Form 1063), G. Individualized family Support Plan(s), H. Participation in IFSP Meeting Documentation form(s), I. Progress Reports, J. Service Coordination/Targeted Case Management case notes, K. All Correspondence related to the child/family, including that which is exchanged electronically, regardless of method of electronic exchange, sender or recipient, L. Additional documentation such as court order granting legal guardianship, documentation of resident alien status, documentation of insurance, as appropriate, and M. Any medical documentation related to the diagnosis or medical condition of the recipient, including history and services</p>	<p>B. Informed Notice and Consent for Screening, evaluation, Assessment and Follow-Up Review, C. Informed Consent for the Use of Private Insurance, D. Third party billing information; E. Prior Written Notice documentation, F. Authorization to Disclose Confidential Information, G. Log of Access to Confidential Record (DH-CMS Form 1063), H. Individualized family Support Plan(s), I. Plan of care, if applicable; J. Participation in IFSP Meeting Documentation form(s), K. Progress Reports, which must include the following:</p> <ol style="list-style-type: none"> 1. Child's name, 2. Date, 3. Period of time covered, 4. Number of sessions that took place during the time period, 5. Reason(s) for any missed sessions. 6. Progress toward meeting IFSP outcomes, 7. Suggestions for family follow through, 8. Assistive technology device use recommendations, and 9. Provider's name, signature, and title. <p>L. Service Coordination/Targeted Case Management case notes, M. All Correspondence related to the child/family, sender or recipient, N. Additional documentation such as court order granting legal guardianship, documentation of resident alien status,</p>	

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			<p>documentation of insurance, as appropriate, and</p> <p>O. Any medical documentation related to the diagnosis or medical condition of the recipient, including history and services.</p> <p>P. Documentation of each service encounter, including the following:</p> <ol style="list-style-type: none"> 1. Child's name, 2. Medicaid identification number, if applicable, 3. Date of service, 4. Names of persons to whom the service was provided, 5. Place the service was provided, 6. Start and stop time of each session provided (e.g., 3:00 p.m. to 3:45 p.m.), 7. Whether individualized or group services were provided, 8. Details of provided activities, 9. Activities and tools suggested for caregivers to do in everyday routines, activities, and places, 10. Progress achieved, and 11. Dated signature and title of the person who provided the service. 	
Section II.A.4	Policy Handbook #12.5.3 (p.123)	<p>The Early Steps record maintained by the provider must at a minimum, consist of the following:</p> <p>A. Documentation of each service encounter, including the following:</p> <ol style="list-style-type: none"> 1. Child's name, 2. Medicaid identification number, if applicable, 3. Date of service, 4. Names of persons to whom the service was provided, 5. Place the service was provided, <p>Operations Guide 12.5.3 Florida Medicaid Early</p>	Policy will be deleted and combined with 12.5.2.	Policy 12.5.2 and 12.5.3 will be combined into a comprehensive list regarding LES records to reduce redundant language.

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		<p>Intervention Services Coverage and Limitations Handbook Return to Table of Contents Updated:9/16/2024 Component 12 - Data Collection/Reporting and Record Keeping Denotes a federally imposed policy required by the IDEA 124 Denotes a state-imposed policy not required by the IDEA or federal regulation</p> <ol style="list-style-type: none"> 6. Start and stop time of each session provided (e.g., 3:00 p.m. to 3:45 p.m.), 7. Whether individualized or group services were provided, 8. Details of provided activities, 9. Activities and tools suggested for caregivers to do in everyday routines, activities, and places, 10. Progress achieved, and 11. Dated signature and title of the person who provided the service. <p>B. IFSP; C. Plan of care, if applicable; D. Any medical documentation related to the diagnosis or medical condition of the recipient, including history and services; E. Third party billing information; F. Progress reports, which must include the following:</p> <ol style="list-style-type: none"> 1. Child's name, 2. Date, 3. Period of time covered, 4. Number of sessions that took place during the time period, 5. Reason(s) for any missed sessions. 6. Progress toward meeting IFSP outcomes, 		

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		7. Suggestions for family follow through, 8. Assistive technology device use recommendations, and 9. Provider's name, signature, and title. G. All correspondence related to the child/family, including that which is exchanged electronically, regardless of method of electronic exchange, sender or recipient.		
Section II.A.4	Policy Handbook #12.5.5 (p.124)	Any information relayed or exchanged electronically that is related to screening, evaluation and assessment, eligibility determination, development and implementation of the Individualized IFSP Support Plan, provision of services, individual complaints regarding the child, and any other area under IDEA, Part C related to the child or the child's family, must be printed and filed in the Early Steps record.	Any information relayed or exchanged electronically that is related to screening, evaluation and assessment, eligibility determination, development and implementation of the IFSP Individualized IFSP Support Plan , provision of services, individual complaints regarding the child, and any other area under IDEA, Part C related to the child or the child's family, must be printed and filed readily available in the Early Steps record-ESDS.	References to storage methods (e.g., printed, physical, and electronic) will be updated to bring policy into alignment with functions of the new ESDS. All records must be readily available in the ESDS.
Section II.A.4	Policy Handbook #12.5.6 (p.124)	Closed Early Steps records, including all records kept in electronic form, must be maintained by the LES and Early Steps providers for a minimum of six (6) years from the date of closure.	Closed Early Steps records, including all records kept in electronic form, must be maintained by the LES and Early Steps providers for a minimum of six (6) years from the date of closure.	References to storage methods (e.g., printed, physical, and electronic) will be updated to bring policy into alignment with functions of the new ESDS. All records must be readily available in the ESDS.
Section II.A.4	Policy Handbook Section 12.7	Section will be removed.	N/A	Section will be removed from public facing policy. Section only pertains to ESSO/Internal Data reporting/requirements.
Section II.A.4	Policy Handbook Section 12.8	Section will be removed.	N/A	Section will be removed from public facing policy. Section only pertains to ESSO/Internal Data reporting/requirements.
Section II.A.4	Definition: CASE	The taxonomy billing code used in the early intervention data system for service coordination activity that does not meet	The taxonomy billing code used in the early intervention data system for service coordination activity that does not meet	Inaccurate description of billing code will be removed.

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		the Medicaid description for Targeted Case Management.	the Medicaid description for Targeted Case Management.	
Section II.A.4	Definition: Developmental Surveillance	N/A	Developmental Surveillance will be changed to Developmental Monitoring throughout the policy handbook and operations guide.	Verbiage will be changed throughout the Policy Handbook and Operations Guide to bring the term into alignment with current CDC guidance.
Section II.A.4	FORM: Early Steps Provider Supervision	Form will be removed.	N/A	SLPs with provisional licenses meet state and federal requirements (including Medicaid) and are considered licensed SLPs, separate from SLPAs, who cannot enroll in Medicaid or bill independently. Logic in new ESDS to prevent SLPAs from enrolling without supervision.
Section II.A.4	FORM: Notification Opt-Out	Form will be updated.	See attached form.	Form language will be updated for families' ease of use and to include additional information from the notification brochure.
Section II.A.4	FORM: Release of Confidential Information and Consent to Bill	Form will be updated.	See attached form.	Form language will be streamlined for families' ease of use and incorporated into the ESDS.