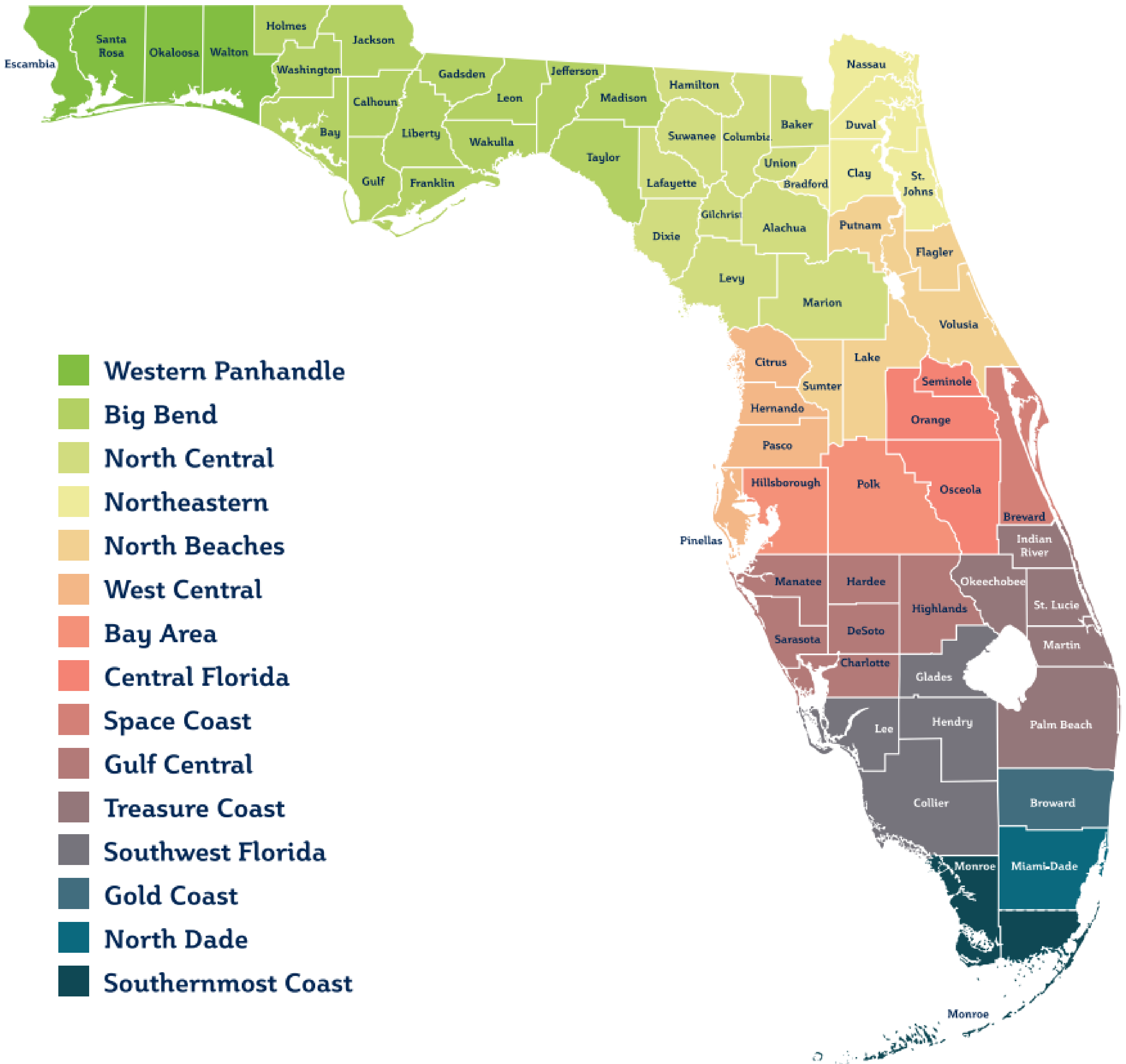
Early Steps Operations Guide

Individuals with Disabilities Education Act (IDEA) Part C



Florida HEALTH

Division of Children's Medical Services
Bureau of Early Steps and Newborn Screening

early steps

Table of Contents

Table of Contents **2**

Component: 1.0 General Supervision and Administration **4**

1.1.0 General Authority 4

1.2.0 Requirements for a Statewide System under Part C of the IDEA 4

1.4.0 Financial Policies and Procedures 5

1.5.0 System of Payments 6

1.6.0 Public and Private Insurance 6

1.7.0 Use of Private Insurance 8

1.8.0 Use of Public Insurance/Medicaid 8

1.10.0 Monitoring, Technical Assistance and Enforcement 9

1.12.0 Determinations 9

Component: 2.0 Child Find and Referral **10**

2.1.0 Child Find and Public Awareness 10

2.3.0 Referral to Early Steps 11

Component: 3.0 First Contacts/Evaluation/Assessment for Eligibility **12**

3.1.0 IDEA, Part C Eligibility 12

3.2.0 First Contacts 16

3.4.0 Evaluation/Assessment 19

3.5.0 Evaluation 20

3.6.0 Assessment 21

Component: 4.0 Service Coordination **23**

4.1.0 Assignment 23

4.2.0 Responsibilities and Activities 23

4.3.0 Caseload Size 25

Component: 5.0 Individualized Family Support Plan (IFSP) **26**

5.1.0 General Authority 26

5.2.0 Accessibility and Convenience of IFSP Meetings 26

5.3.0 The Content of the Individualized Family Support Plan (IFSP) for Children with Established Conditions and/or Developmental Delays 26

5.4.0 Interim IFSP 28

5.5.0 Initial Individualized Family Support Plan (IFSP) 28

5.6.0 Periodic Review of the Individualized Family Support Plan (IFSP) 28

5.7.0 Annual Evaluation of the Individualized Family Support Plan (IFSP) 30

5.8.0 At-Risk Individualized Family Support Plan (IFSP) 30

Component: 6.0 Early Intervention Services and Supports **31**

6.1.0 General Requirements 31

6.2.0 Team-Based Primary Service Provider Approach 34

6.3.0 Consultation 35

6.5.0 Health Services 37

6.6.0 Medical Services 37

6.7.0 Early Childhood Education 38

6.8.0 Plan of Care 38

6.10.0 Timeliness of Services 38
6.11.0 Closure to Early Steps 39
Component: 7.0 Transitions....41
7.1.0 Transition Planning 41
7.2.0 Notification 42
7.3.0 Transition Conference-For Children Who May Be Eligible for School District Prekindergarten Program for Children with Disabilities 43
7.4.0 Transition Conference - For Children Who May Not Be Eligible for School District Prekindergarten Program for Children with Disabilities....45
7.5.0 Referral to the School District Prekindergarten Program for Children with Disabilities....46
7.6.0 Referral to Other Early Care and Education Program 46
7.7.0 Initial Individual Educational Plan (IEP) Meeting 46
7.8.0 Other Transitions 47
Component: 8.0 Procedural Safeguards....49
8.1.0 Minimum Procedures 49
8.2.0 Confidentiality and Opportunity to Examine Early Steps Records 49
8.4.0 Prior Written Notice 51
8.5.0 Parental Consent 51
8.8.0 Assignment of a Surrogate Parent....52
8.9.0 Right to Mediation 53
8.10.0 Right to Due Process Hearing 55
8.11.0 Right to File a Complaint....59
Component: 9.0 Family Involvement....61
9.2.0 Family Resource Specialists....61
Component: 10 Personnel Development Standards....63
10.1.0 General Requirements....63
10.2.0 Local Early Steps (LES) Requirements 63
10.3.0 General Requirements for Provider Application and Approval 63
10.4.0 Service Coordinator Requirements....63
10.5.0 Licensed Non-Physician Healthcare Professional (LHCP) Personnel Standards....64
10.6.0 Non-Licensed Healthcare Professional Personnel Standards 65
Component: 11.0 Interagency Agreements 69
11.1.0 Coordination with Programs Serving Infants and Toddlers....69
11.2.0 State Level Agreements....69
Component: 12.0 Data Collection/Reporting and Record Keeping 70
12.5.0 Early Steps Record 70
12.7.0 Data Reporting Requirements - ESSO to U.S. DOE/OSEP 72
Definitions 73

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	**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. **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: **1.** Funds may not be solicited, collected or tabulated by Early Steps staff members during work hours or using Part C-funded equipment, facilities, or supplies during Early Steps hours of operation, **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.	

Component: 1.0 General Supervision and Administration		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
1.4.0 Financial Policies and Procedures		
1.4.2	**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 LES must ensure services are provided as authorized on the IFSP.	
1.4.3	**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. **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.	
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	**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. **B.** In order to have providers that meet the needs of Early Steps, providers should be recruited who are knowledgeable about the benefits of	

Component: 1.0 General Supervision and Administration		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	providing early intervention services in natural environments and who are willing to travel to natural environments.	
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.	
1.4.14	The following guidelines should be followed when performing fundraising activities: **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 **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.	
1.5.0 System of Payments		
1.5.3	In case of financial or other disputes, services authorized on the IFSP should be provided even if the use of another provider is necessary.	
1.5.5	**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. **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.	
1.6.0 Public and Private Insurance		
1.6.1	**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. **B.** The service coordinator or the designee should: **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: **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 in the benefit package and are there service requirements or limitations? **c.** What is the family co-payment and/or deductible? **d.** Is there a tax-favored health plan connected with the benefit package or otherwise provided by or on behalf of the family? If so, determine which type and how it may impact payment of insurance, family co-payment/deductible or other resources beyond and including Part C. This may include a health savings account (HSA), medical savings account (MSA), health	Release of Confidential Information and Consent to Bill Insurance Information Update letter - Creole Insurance Information Update letter - Spanish

Component: 1.0 General Supervision and Administration		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	flexible spending arrangement (FSA), or health reimbursement arrangement (HRA). **e.** Whether or not a provider is available, able to provide services in the natural environment and covered under the insurance plan. **3.** Use the Insurance Information Update letter at a minimum annually to ensure that insurance information is current.	
1.6.2	When the IFSP indicates that the family's insurance carrier will be the payer for services, a written denial on company letterhead or an Explanation of Benefits (EOB) received by the provider is required to show that IDEA, Part C is payor of last resort. When neither of these can be obtained, the LES may accept the insurance company's written policy or statement of benefits as documentation that certain services are not covered by the policy or that the policy pays for a limited number of sessions. If a written statement of benefits is used, the LES 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	**A.** The following guidelines can help speed up the claims process. The parent should: **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. **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. **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. **D.** Steps that can be taken to lower the chances of a claim being denied: **1.** Know before receiving treatment what the health insurance will and will not cover,	The Florida Department of Financial Services: Health Insurance and Health Maintenance Organizations: A Guide for Consumers

Component: 1.0 General Supervision and Administration		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	2. Make sure that pre-authorization requests contain correct patient information. Insurers 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 **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.	
	1.7.0 Use of Private Insurance	
1.7.3	**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. **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.	
	1.8.0 Use of Public Insurance/Medicaid	
1.8.5	**A.** Not all service coordination activities are reimbursable as Medicaid Targeted Case Management services. **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.	Florida Medicaid Child Health Services Targeted Case Management Coverage and Limitations Handbook
1.8.6	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.	
1.8.7	The reimbursement amount for Managed Care Plan should be considered payment in full.	

Component: 1.0 General Supervision and Administration		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
1.10.0 Monitoring, Technical Assistance and Enforcement		
1.10.1	**A.** Priority areas shall include: **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. **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.	
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	ESSO may consider the following in making determinations: **A.** Performance on compliance indicators, **B.** Whether data submitted by LES programs is valid, reliable, and timely, **C.** Uncorrected noncompliance from other sources, **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, and **K.** Other information.	

Component:2.0 Child Find and Referral		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	2.1.0 Child Find and Public Awareness	
2.1.3	**A.** ESSO will periodically disseminate public awareness materials to LES for use on the local level. Prior to dissemination, ESSO will: **1.** Notify the LES of the pending dissemination of materials, and **2.** Request input from LESs on amounts of materials needed. **B.** LESs may make requests to ESSO for additional public awareness materials. **C.** Additional materials will be disseminated by ESSO as inventory is available.	
2.1.5	**A.** Child find activities include: **1.** Community outreach/education. Example - referrals informing early childhood and child care programs and referral sources about eligibility, how to identify children who might be eligible, and how to make appropriate to Early Steps, **2.** Screening opportunities (such as in local health fairs), and **3.** Public awareness activities to identify potentially eligible children.	
2.1.6	Public awareness materials may include materials developed specifically by a LES. **A.** Local public awareness materials should be submitted to ESSO to be reviewed and approved. **B.** Requests for review of public awareness materials will be processed within 15 working days of receipt. **C.** Early Steps materials should reflect diverse and culturally appropriate images of children and families. **D.** All child find materials should contain a description of Early Steps services and indicate how to refer children. **E.** Display of the Early Steps directory is encouraged when appropriate.	Early Steps Directory
2.1.7	Use of the Local Early Steps Office Request for Approval of Public Awareness Materials form is optional.	Request for Approval of Public Awareness Materials Form
2.1.11	Permission and release forms related to the use of children's photos, videos or audios for LES public awareness should contain the following: **A.** Name and age of child, **B.** Name of parent or legal guardian & relation to child, **C.** Address and phone number of parent and child, **D.** The LES name or the LES logo (not the DOH logo), **E.** The type of image or recording being used (i.e. photograph, video, voice recording) and the right of the LES to use it, **F.** The right of the LES to edit the image or sound, and **G.** A hold harmless clause against claim or liability.	

Component:2.0 Child Find and Referral		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	2.3.0 Referral to Early Steps	
2.3.1	Individuals who have concerns about an infant or toddler having a developmental delay should immediately refer a child to Early Steps rather than waiting for confirmation of the developmental delay. This allows the family to be aware of IDEA, Part C and Early Steps so that they can take advantage of the services and supports offered.	
2.3.3	**A.** Referrals for those children who have been involved in a substantiated case of child abuse or neglect or identified as being affected by withdrawal symptoms resulting from prenatal drug exposure may be submitted on the DCF CAPTA Referral for Early Steps form. **B.** Children under age 3 who meet the criteria set forth in 2.3.3A above may first be screened by the designated primary referral source to determine if referral is warranted.	
2.3.4	**A.** Each LES must have a process to record referral information. The following should be included on all referral forms as part of the information collection process. However, even if some of the information is missing it is still considered a referral as long as the LES has adequate information to contact the parents/guardian. **1.** Contact information for parents/guardian, **2.** Age of child, if known, **3.** Date of referral, **4.** Source of referral, and **5.** Reason for referral. **B.** If an LES receives contact to initiate services for a child that does not reside in their geographic region, it should immediately be transferred to the appropriate LES and is not considered a referral for the transferring LES.	

<table>
<tr><th colspan="3">Component:3.0 First Contacts/Evaluation/Assessment for Eligibility</th></tr>
<tr><th>Related Policy Component</th><th>Guidance/Procedures</th><th>Reference/Related Documents</th></tr>
<tr><th colspan="3">3.1.0 IDEA, Part C Eligibility</th></tr>
<tr><td>3.1.1</td><td>A. Early Steps does not prohibit services due to alien or citizenship status and there is no financial eligibility requirement. All children who are in the state and meet Florida’s eligibility criteria may be served by Early Steps. This includes children who are:
1. Homeless,
2. Wards of the state,
3. Living on Native American reservations,
4. Displaced due to a catastrophic event, and
5. Highly mobile such as children of migrant farm workers.
B. Local Early Steps (LES) are not required to provide services to children who:
1. Are temporarily visiting the State; or
2. Have a permanent residence outside of Florida where they are receiving early intervention services.</td><td></td></tr>
<tr><td>3.1.2</td><td>A. The referenced criteria are to be used to determine infants and toddlers who would be appropriate to refer to Early Steps due to vision and/or hearing impairment.
B. All children who weighed less than 1,200 grams at birth are eligible for IDEA, Part C due to established condition, even if they are not determined eligible until months after their birth.
1. If the child has an established condition, appropriate documentation of a diagnosis provided by a licensed physician or other records provided in coordination with a referral source is required to establish eligibility. Appropriate documentation of an established condition must be in the child’s Early Steps record, and can include, but is not limited to, hospital discharge paperwork, medical office visits, and attestation from a referral source that they have access to medical diagnosis documentation.
C. Conditions that are shown on the Established Conditions list will make a child eligible for IDEA, Part C; however, this is not an exhaustive list.
D. If the child has an established condition, appropriate documentation of a diagnosis provided by a licensed physician or other records provided in coordination with a referral source is required to establish eligibility. Appropriate documentation of an established condition must be in the child’s Early Steps record, and can include, but is not limited to hospital discharge paperwork, medical office visit notes, and attestation from referral source that they have access to medical diagnosis documentation.
E. If an established condition is suspected but a child does not have a written confirmation from a physician or appropriate healthcare practitioner, then the LES will identify for the family at least one accessible local diagnostic resource, either within the LES or in the local community.</td><td>IDEA, Part C Criteria for Determining Significant Visual Impairment

IDEA, Part C Criteria for Determining Significant Hearing Loss</td></tr>
</table>

Component:3.0 First Contacts/Evaluation/Assessment for Eligibility		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	F. When a child has both an established condition and developmental delay, the established condition takes precedence as the reason for eligibility. **G.** A child eligible based on an established condition can later be closed if the following criteria is met: **1.** There is documentation the child no longer has the established condition and **2.** Does not meet the eligibility criteria in 3.1.3 and 3.1.5. **H.** Eligibility is determined on the date the LES obtained written confirmation of the Established Condition.	
3.1.3	**A.** Eligibility will be based on criteria on the date eligibility is determined for Early Steps. **B.** A standard score of 78 or below in two or more domains equates to -1.5 standard deviations below the mean. **C.** A standard score of 70 or below when the delay is only in one domain equates to -2.0 standard deviations below the mean. **D.** A low score in a single subdomain is not sufficient documentation of initial and/or continuing eligibility.	
3.1.4	In addition to the required procedures listed in 3.1.4 policy, verification of eligibility may include the following: **A.** Observational assessments **B.** Developmental inventories **C.** Behavioral checklists **D.** Adaptive behavior scales **E.** Reports from caregivers, medical providers, social workers and educators.	
3.1.5	**A.** Infants and toddlers are eligible for the at-risk eligibility category based on an At-Risk Condition and not a social or environmental risk. **B.** Eligibility is determined on the date the LES received the written confirmation of the At-Risk Condition. **C.** The purpose of developmental monitoring is: **1.** A first-level review of the developmental status of the child, and **2.** To identify a child who has developmental concerns that warrant developmental screening. **D.** Screening is a more formal second-level review of a child's developmental status and may be conducted for some children with At-Risk Conditions. **E.** Results from screening that are conducted by community partners such as, the child's pediatrician, the Maternal Infant Early Childhood Home Visiting program, Early Head Start, or other early care and education settings, can be used for informed decision-making regarding the appropriate action to take related to the child's development, so the LES does not need to conduct the screening for the child with an At-Risk condition. **F.** Developmental surveillance or screening should be conducted in accordance with:	https://www.aap.org/enus/Documents/periodicityschedule.pdf

Component:3.0 First Contacts/Evaluation/Assessment for Eligibility		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	1. American Academy of Pediatrics Periodicity Bright Futures Schedule, **2.** A schedule used by community partner(s), or **3.** Age-appropriate developmental screening tools. **G.** A child eligible based on an At-Risk Condition must be closed if there is documentation the child no longer has the At-Risk condition. **H.** A child eligible based on an At-Risk Condition can be closed if determined by the IFSP team and one of the following occur: **1.** There is no developmental concern or need for supplemental screening or evaluation after two consecutive episodes of developmental surveillance/monitoring, or **2.** The child is functioning within normal limits in all domains on at least two consecutive developmental screenings using the same tool and at recommended screening schedules, for example, Bright Futures/American Academy of Pediatrics Periodicity Schedule or other schedules specified for developmental and age-appropriate developmental screening tools, and **I.** In addition to determining when to close a child to Early Steps, screening results for children eligible in the At-Risk category can also be used to identify a child: **1.** Who needs further evaluation/assessment to determine eligibility under the developmental delay eligibility category, or **2.** For whom an established condition with high probability of developmental delay is suspected and medical confirmation should be pursued. **J.** Children referred based on an At-Risk Condition should not receive an evaluation unless a potential developmental delay is identified during first contacts, screening, or developmental surveillance. If a developmental delay is suspected during the first contact process, an evaluation /assessment and IFSP must be completed within 45 days of referral. **K.** If a child has been determined eligible for an At-Risk Condition, has an At-Risk IFSP, and is later identified for a potential developmental delay, an evaluation to determine the child's developmental status and IFSP should be completed within 30 days of the identified need.	
3.1.7	**A.** When a family moves to Florida and wishes to refer their child from an IDEA, Part C program in another state, the following should be done to assist with the process: **1.** The LES should have the family sign the Release of Confidential Information and Consent to Bill form in order to obtain any available records that will assist in determining eligibility, **2.** The LES office should contact the family and make arrangements for first contacts and a new evaluation (if necessary) once the family moves, and	

Component:3.0 First Contacts/Evaluation/Assessment for Eligibility		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	1. If the family brings a current IFSP with them, the child will still need to be evaluated unless the child has met the criteria set forth in 3.1.2, 3.1.3, 3.1.5 or 3.5.1. **B.** If a child relocates to Florida due to a natural disaster and the child's record cannot be located or the office is closed, the LES should develop an interim IFSP until such time when the records can be located. If the records are no longer available, an evaluation and assessment should be completed to determine eligibility. **C.** Relocation within Florida does not require re-determination of eligibility.	
3.1.8	Informed clinical opinion is always the consensus of the evaluation and assessment team and not the judgment of only one member of the team.	Refer also to: Lucas, A. & Shaw, E. (Aug. 2012) *"Informed Clinical Opinion"* (NECTAC Notes No. 28). Chapel Hill: The University of North Carolina.
3.1.9	Information related to eligibility is documented on the IFSP.	
3.1.10	**A.** The family of a child determined ineligible is given a copy of the results as documented on the IFSP. **B.** The service coordinator should also determine if referrals to other appropriate programs can be provided. For example, a child showing a mild delay that results primarily from economic disadvantage, but not meeting IDEA, Part C eligibility criteria, should be referred to Early Head Start. **C.** The family should also be given information about how to refer to Early Steps if additional concerns arise. **D.** After being provided prior notice, the child's record can then be closed. **E.** When a parent requests another evaluation on a previously referred child who has already been evaluated and determined ineligible, the evaluation and assessment team should decide on the course of action to be taken. **F.** The team may decide that a re-evaluation is warranted, giving consideration to any extenuating circumstances or existing conditions at the time of the evaluation that have made the evaluation results questionable. **G.** The team may determine that the results are valid, and no extenuating circumstances existed to make the decision of ineligibility questionable. If the team makes this decision and refuses to re-evaluate the child, it	

Component:3.0 First Contacts/Evaluation/Assessment for Eligibility		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	must inform the family of the reason and their procedural safeguard rights (in writing). **H.** A re-evaluation requested by the family after an extended period of time (i.e. 6 months or more), even if the same concerns are expressed, may be warranted since a young child's development changes rapidly. **I.** If there is not a new concern, Medicaid cannot be billed for a new evaluation.	
3.1.11	**A.** When developmental screening is used to determine continuing eligibility, the BDI-2 Screener is recommended and should be considered first as the screening instrument used at the annual review of the IFSP to assist with determining continuing eligibility. **B.** Progress monitoring data may be used in addition to or instead of the BDI-2 screener to determine whether the child continues to meet Early Steps eligibility criteria. Screening results and/or progress monitoring should document: **1.** Any changes in the child's development, learning, or behavior, **2.** Progress toward achieving outcomes on the IFSP. and **3.** Whether intervention strategies have been effective. **C.** If it is determined by the IFSP team that the child should be closed to Early Steps based on their developmental progress in accordance with 3.1.11.D, the disposition reason would be "no longer eligible". **D.** Data reporting and billing for the eligibility re-determination process will be consistent with the process used, which could range from a review of progress monitoring data to a screening or evaluation. A complete multi-disciplinary evaluation would be an infrequent occurrence during the re-determination process. **E.** If the screening tool or the review of progress monitoring data indicates that the child now has additional areas of delay, these should be addressed by the IFSP team.	Policy Handbook 3.1.11
3.2.0 First Contacts		
3.2.1	**A.** The purpose of first contacts is to: **1.** Establish a relationship with the child and family and to gather information about them in preparation for the evaluation and assessment, **2.** Orient the family to Early Steps, and **3.** Conduct child screening if needed. **B.** During first contacts, families receive information about Early Steps and complete required paperwork.	
3.2.2	**A.** In the case of a family that self-refers, the initial contact is made at the time of this first telephone contact with the family. **B.** A phone call is preferred for the initial contact with the family. **C.** At the time of initial contact, next steps in the first contacts process should be explained to the family. **D.** Initial contact attempts should also include attempts by mail if unable to reach the family by phone. If the family still cannot be contacted,	

Component:3.0 First Contacts/Evaluation/Assessment for Eligibility		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	updated contact information should be obtained from the referral source or a county health department, if possible. If updated contact information is obtained, attempts to contact the family should be repeated prior to closure of the child's Early Steps record.	
3.2.3	**A.** While a face-to-face meeting is not required as part of the first contacts process, it is still preferable and considered best practice. **B.** The appointment for first contacts should be scheduled in enough time to allow the IFSP to be developed within 45 days from the referral date.	
3.2.4	**A.** If the first contacts activities include a face-to-face meeting, the meeting must be in a location convenient to the family. **B.** It is best practice for a face-to-face meeting to take place in the natural environment if the family's circumstances allow.	
3.2.5	Information regarding the family's concerns, priorities, resources and everyday routines, activities and places is recorded on the IFSP.	
3.2.7	First contacts information is used to determine the formation of the evaluation and assessment team and the focus of the evaluation and assessment. First contact information is recorded on the IFSP.	

3.3.0 Developmental Screening		
3.3.1	**A.** Families should be given the Informed Notice and Consent form to indicate if they wish to provide or decline consent for their child to receive a screening, an evaluation or an assessment. If the family is provided notice of the screening and evaluation/ assessment and consents to both on the same day, they may sign one consent form. **B.** If a developmental screening is conducted, the screening tools that are recommended for use as general developmental screeners and should be considered first are: the *Ages and Stages Questionnaire Third Edition (ASQ-3)*, *Birth to Three Screener*, *the Battelle Screening Tool* or the *Early Learning Accomplishment Profile (ELAP) Screener.* Screening may occur by: **1.** Conducting a developmental questionnaire or other appropriate parent report tool face-to-face or by telephone, or **2.** Mailing a developmental questionnaire to families with instructions on how to check their child's development, or **3.** A combination of a face-to-face visit using an approved tool, telephone contact and mailed questionnaire. **C.** For children who appear to have a specific area of developmental concern, the LES may choose a screening instrument developed for that specific area. **D.** For children who have social-emotional concerns, the ASQ-SE should be considered first as a screening instrument. **E.** For children suspected of having Autism Spectrum Disorder, the LES should obtain screening results from the child's medical home or other local community screening initiatives. When no community resources are available or the child does not have a medical home, the LES may provide at any time a screening for those children who are identified with communication or social/emotional concerns that may indicate Autism Spectrum Disorder. The Modified Checklist for Autism in Toddlers (M-CHAT) or the Communication and Symbolic Behavior Scales Developmental Profile (CSBS DP) should be considered first. **F.** If a child suspected of having Autism Spectrum Disorder fails the first screening, Early Steps may conduct another screening to confirm the results of the first screening. The Modified Checklist for Autism in Toddlers (M-CHAT) Interview should be considered first. **G.** When screening is completed, the results are documented on the IFSP document. **H.** Screening records from other agencies, (e.g., Early Head Start, Healthy Start, the county health department, etc.), should be considered if they were conducted no earlier than thirty days prior to the time of referral and the screening tool addressed each of the five developmental domains.	Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review - English Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review-Spanish Informed Notice and Consent for Screening, Evaluation, Assessment and Follow-Up Review-Creole
3.3.2	**A.** A child who has an established condition or obvious developmental delay does not need a screening. However, a screening may be conducted for such a child if it is determined that developmental screening information would be helpful to the IFSP team. **B.** A screening also may be helpful when other less formal information gathering does not reveal specific domain deficits, when no specific	

	developmental concerns are identified, or to determine those children who are functioning at an age appropriate level.	
3.3.4	**A.** If screening is conducted and the results indicate the child is at age level, the family may choose not to proceed with an evaluation/assessment. In such case, the family should be provided with developmental materials and referrals to appropriate community agencies. The family should also be provided with contact information for Early Steps and offered a re-screening in three to six months, as appropriate. **B.** If the family does not provide consent for their child to have an evaluation and assessment, the LES must explain to the family: **1.** The child will not be able to receive an evaluation or assessment unless consent is given, and **2.** The nature of the evaluation, assessment, and other services that would be available if the child were to meet eligibility criteria.	
	3.4.0 Evaluation/Assessment	
3.4.1	The LES may initiate procedures to challenge parental refusal to consent to an evaluation, and if successful, obtain the evaluation.	
3.4.2	In addition to sending the family the Prior Written Notice, the LES should use the *Eligibility Evaluation Appointment* letter to invite the family to the child's upcoming eligibility evaluation and prepare the family for what will take place. The evaluation and assessment should take place at a time and location convenient to the family. The family should be involved in planning and conducting the evaluation/assessment. Examples of planning activities include providing input on the child's likes and dislikes, favorite toys, and times when most alert. The family may either play the role of observer or may choose a more active role during the actual evaluation/assessment. Examples of an active role include playing and engaging with the child as part of the evaluation/assessment; recording observations, or providing clarification when questions arise.	Eligibility Evaluation Appointment letter – English Eligibility Evaluation Appointment letter – Spanish Eligibility Evaluation Appointment letter – Creole
3.4.3	**A.** A consistent, collaborative team that conducts the evaluation and assessment concurrently, in one encounter is strongly encouraged. Conducting the evaluation/assessment in this way: **1.** Is more convenient to the family. **2.** Allows for sufficient time to complete all activities within the 45 day timeframe between referral and development of the IFSP. **B.** If the evaluation and assessment cannot be conducted concurrently, it is still preferable that the team conducting the assessment be the same as the evaluation team. **C.** The eligibility process and IFSP development should not be delayed due to hospitalization, nor should they be postponed until discharge,	

	unless the child is not medically stable enough for eligibility evaluation, hospital policy prevents evaluation, or the family is not ready for the eligibility determination process.	
3.4.5	**A.** The child's presenting concerns should drive the make-up of the evaluation and assessment team. **B.** The evaluators/assessors' signatures on the IFSP verify the evaluation and assessment information as the formal report(s).	
3.4.6	**A.** The family members or caregivers may need interpretation/translation services even though the child's native language is English. **B.** The LES should make a substantial good faith effort to find a translator professional, extended family member, or community resource person to assist with translation when English is not the family's primary language. **C.** Professional sign language interpreters should be used to provide accessibility to caregivers who are deaf.	
3.5.0 Evaluation		
3.5.1	**A.** The focus of the evaluation should be consistent with the area(s) of concern as indicated by the first contact information and/or developmental screening. **B.** The purpose of evaluation is to expeditiously confirm eligibility for Part C services by determining the child's level of functioning. **C.** An evaluation is not required for the annual review of the IFSP. **D.** The *Developmental Assessment of Young Children (DAYC)* or the *Battelle Developmental Inventory (BDI-2* should be considered first as the evaluation instrument, when appropriate for the child's presenting condition(s). **E.** Other norm-based, broad band assessment instruments of early childhood development with well-established psychometric properties may be considered. **F.** Neither the DAYC nor the BDI-2 may be appropriate for a child with a single area of concern. If necessary, additional evaluation instruments may be administered in specific discipline areas(s) to further determine a child's eligibility. This may especially be helpful when a child falls in the borderline area of eligibility. **G.** For children who have communication or motor skills as their only area of concern, one of the testing instruments should produce individual scores in the sub-domains of fine and gross motor or receptive and expressive language (such as the Preschool Language Scale 4 (PLS4) for communication domain). **H.** An infant or toddler suspected of a communication delay, whose hearing has not been tested and for whom an audiology evaluation is determined needed, should receive an audiology evaluation as part of their initial evaluation. **I.** For a child who fails the secondary screening for Autism Spectrum Disorder, the LES may make a referral to the child's medical home or other community resource, if available, for a diagnostic evaluation.	
3.5.2	The five required developmental domains are: **A.** Communication: includes expressive and receptive communication skills, both verbal and non-verbal.	Parent Interview Protocol for Child

	B. Self-Help/adaptive: refers to the ability to function independently within the environment and the child's competency with daily living activities such as sucking, eating, dressing, playing, etc., as appropriate to the child's gestational or chronological age. **C.** Cognitive: refers to the acquisition, organization, and ability to process and use information. **D.** Physical: refers to vision and hearing as well as the abilities with tasks requiring large and small muscle coordination, strength, stamina, flexibility, and motor development appropriate for the developmental age. **E.** Social/emotional: refers to interpersonal relationship abilities. This includes interaction and relationships with parent(s) and caregivers, other family members, adults and peers, as well as behavioral characteristics, e.g. passive, active, curious, calm, anxious and irritable.	Hearing and Vision Skills Parent Interview Protocol for Child Hearing and Vision Skills - Creole Parent Interview Protocol for Child Hearing and Vision Skills - Spanish
3.5.5	The evaluation report is on the IFSP.	
3.5.6	Protocols and procedures for statewide uniformity to determine eligibility are established in Policy 3.1.2, 3.1.3, 3.1.4, and 3.1.5.	
3.6.0 Assessment		
3.6.1	**A.** One of the following instruments (or any portion thereof) should be considered first to conduct the initial assessment in an arena style, provide information for intervention planning, and track the child's progress: **1.** Battelle Developmental Inventory (BDI-2), a norm and criterion-based assessment, **2.** Hawaii Early Learning Profile for Infants and Toddlers (HELP) a curriculum-based assessment, **3.** Early Learning Accomplishment Profile (ELAP), a criterion-referenced test, and **4.** Assessment Evaluation and Programming System for Infants and Children (AEPS), a curriculum-based assessment. **B.** An additional specialized assessment instrument that is indicated by the child's established condition or developmental delay (for example, visual impairment or autism spectrum disorder) may be used. Examples of such instruments (not inclusive) are: Language Development Scale (LDS), Auditory Skills Checklist, Preschool Language Scale (PLS-4), Vineland Adaptive Behavior Scales, Assessment of Basic Language & Learning Skills (ABLLS-R), Transactional Supports (SCERTS), Individual Growth and Developmental Indicators (IGDI). **C.** Assessment should be conducted by those individuals who are likely to be involved in providing direct or consultative services to the child and family. **D.** If there is not sufficient information from reviewing collateral information to provide current levels of development in each of the domains for the annual review of the IFSP, then the IFSP team must determine how best to obtain this information. This may include a discipline specific assessment using one of the instruments in 3.6.1 A or B above.	

	E. When a child has previously performed within normal limits, the IFSP team may use the ASQ-3 or other parent report method to confirm that the child is still performing within normal limits.	

Component: 4.0 Service Coordination		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
4.1.0 Assignment		
4.1.3	All activities that occur at the time of referral and thereafter that are TCM billable activities should be conducted by the child's assigned service coordinator.	
4.1.4	Regardless of the family's geographical location, attempts should be made to match the family with a service coordinator who has specific skills and knowledge to assist with the family's needs. Some factors that can be considered are native language, presence of a hearing impairment, presence of a visual impairment, complexity of the child's needs, cultural nuances, and specialty areas of service coordinators.	
4.1.5	**A.** The individual completing first contacts should inform the family that they may request a change in their service coordinator. Instructions regarding how to request a different service coordinator should include a contact person's name and contact information. It is highly recommended that this contact person be someone other than the assigned service coordinator. **B.** LES should accommodate requests for a change in the service coordinator to the best of their ability. **C.** When there is a change in service coordinator assignment to a specific child, the IFSP team, including the family should be informed of the change. **D.** It is not necessary to hold an IFSP periodic review or provide prior notice simply to change the name of the service coordinator on the IFSP.	
4.2.0 Responsibilities and Activities		
4.2.2	**A.** Other services may include access to child care, assistance in applying for Medicaid benefits and food stamps, specialized medical services related to the child's disability, etc. **B.** Other services do not apply to routine medical care such as immunizations or well baby check-ups unless the child needs those services and they are not otherwise available or being provided.	
4.2.4	The service coordinator will facilitate the IFSP team meeting by: **A.** Providing the IFSP team with basic information about the family composition, the family network and the family's formal and informal support systems that was gathered during first contacts, **B.** Sharing information with the IFSP team regarding the family's concerns, priorities and resources relevant to the child's development that were discussed during first contacts and any subsequent information the family wishes to share or discuss, **C.** Discussing with the IFSP team the infant or toddler's present levels of development based on information gathered during first contacts and the evaluation and assessment process,	

	D. Integrating the IFSP team's functional developmental concerns identified as a result of evaluation and assessment activities with the family's concerns, **E.** Sharing with IFSP team the family's everyday routines, activities and places (ERAP) identified beginning with first contacts and any subsequent information shared by the family, **F.** Facilitate process for determining outcomes, timelines, and criteria for progress, strategies, and services, and **G.** In accordance with local procedures, complete the IFSP document based on information shared and gathered at the meeting.	
4.2.5	The service coordinator should encourage and facilitate, but not require, the completion of a public health insurance application for families who report that their household size and income are within the eligibility criteria for public health insurance.	
4.2.6	**A.** Upon notification from a provider that a family has missed two consecutive appointments without advance notice , the service coordinator will work with parents to find out what will work best to keep them engaged, using strategies such as: **1.** Attempting to contact the family, starting with the mode of communication previously successful, **2.** Discussing and considering whether unmet basic needs may be affecting family health and well-being and/or influencing the amount of time and energy the family has to invest in interventions, **3.** Making referrals to community resources, when necessary to assist families in addressing any unmet needs, **4.** Offering to coordinate with the provider(s) to reestablish services, including assisting the family in rescheduling appointments, **5.** Adapting engagement strategies as discussions and experience demonstrate what does and does not work well, and **6.** Proceeding to the activities in Policy 6.12.2 if follow-up strategies for contact are unsuccessful. **B.** The above strategies will be documented in the Early Steps record.	
4.2.9	Coordinating and monitoring the delivery of identified services can be done in several different modes such as by: **A.** Observing an actual intervention session, **B.** Interviewing the service provider face-to-face or via a phone call, **C.** Observing and interacting with the child, **D.** Interviewing the family face-to-face or via a phone call, and **E.** Reviewing service documentation from providers.	
4.2.16	**A.** The assessment tool used may be selected from existing tools such as the Family Needs Scale, Family Resource Survey, Family Needs Assessment, or may be developed locally as long it is comprehensive enough to identify medical, social, educational, environmental and other needs of the child/family. **B.** The tool used to conduct the service coordination/targeted case management assessment may be the same tool used to complete the family assessment described in Policy 3.2.5 as long as it collects	

	information about the child's and family's needs, strengths and resources as outlined in the Florida Medicaid Child Health Services Targeted Management Coverage and Limitations Handbook. **C.** Monitoring and follow-up activities to ensure that the service coordination/targeted case management plan is effectively implemented and adequately addresses the needs of the child/family will be documented in service coordination/targeted case management notes and may result in adjustments to the plan.	
4.2.17	**A.** The frequency of service coordination can be more frequent than quarterly, as needed to ensure access to services. **B.** The periodic IFSP review can be counted as one of the required quarterly contacts.	
	4.3.0 Caseload Size	
4.3.1 & 4.3.2	**A.** Many families with children who are eligible for Early Steps have complex needs and interact with a variety of agencies. Service coordinators working with families who have complex needs, such as children who have medical complexities or more than one child with special needs require additional consideration in caseload size. **B.** In determining caseload sizes, there should be recognition that the intensity of the service coordinator's involvement with individual families will vary. Service coordination is designed to be flexible. For all eligible families, the activities of the service coordinator should be individualized based on family concerns, preferences and requests. Service coordination activities and contacts should not be dictated solely by the minimum requirements. The family, in conjunction with the IFSP team, should determine the level of contact needed and frequency of contacts. **C.** It is not required or expected that service coordinator supervisors carry a caseload.	

Component: 5.0 Individualized Family Support Plan (IFSP)		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	5.1.0 General Authority	
5.1.3	The Early Steps IFSP form is available in English, Spanish, and Creole and may be used as an electronic form or in a hard copy format.	
5.1.5	**A.** It is best practice to provide a copy of the IFSP to the family and other team members immediately at the end of the meeting. However, a 15-day timeline is allowed in consideration of the fact that IFSP meetings may be held in locations without access to printers or copy machines and that some members of the team may not be physically present at the meeting. **B.** The service coordinator is responsible for ensuring that copies of the IFSP are appropriately disseminated to the family and other members of the IFSP team. The family will initial by the names of those team members for whom they are giving permission to receive a copy of the IFSP.	
	5.2.0 Accessibility and Convenience of IFSP Meetings	
5.2.1	**A.** A parent may electronically record an IFSP meeting to help understand the IFSP, share information with the other parent, family member, or advocate who cannot attend, or better understand their rights. **B.** The LES may electronically record an IFSP meeting, with the approval of the family, and must ensure the recording becomes a part of the child's Early Steps record. **C.** If an IFSP team member refuses to be recorded, they are not required to participate however must send their recommendations ahead of time in writing which becomes part of the child's Early Steps record. **D.** Each LES should make a substantial good faith effort to find a translator, professional, extended family member, or community resource person to translate or interpret for the IFSP meeting whenever needed.	
	5.3.0 The Content of the Individualized Family Support Plan (IFSP) for Children with Established Conditions and/or Developmental Delays	
5.3.1	The present levels of development are recorded on the Assessment/Eligibility Determination pages on the IFSP.	
5.3.2	The family's concerns, priorities, and resources are recorded on the Getting to Know Your Child and Family page on the IFSP.	
5.3.3	The measurable results or functional outcomes are recorded on the Outcomes page.	
5.3.4	The goals, criteria, procedures, timelines, and strategies are recorded on the Outcomes page.	
5.3.5	The strategies needed to meet the child and family's outcomes are recorded on the Outcomes page.	
5.3.6	**A.** The requirement that specific early intervention services contained in the IFSP be based on "peer-reviewed research, to the extent practicable," is not intended to impose any additional recordkeeping or	

	IFSP content burden but rather to ensure that each early intervention services is based on the child's developmental needs and reflects current standards of research-based practices. **B.** The frequency, intensity, and method of delivering services; location and length of the services; funding source and, if any, payment arrangements; projected dates for initiation of services; and anticipated duration of services are recorded on the Services page. **C.** The frequency and intensity are determined by the multidisciplinary IFSP team members after looking across all the outcomes for which this service is needed and then calculating how often (e.g., once a month) and the amount of time per visit (e.g., 60 minutes) the service will be provided to address all applicable outcomes.	
5.3.7	The justification as to why any service will not be provided in a natural environment is recorded on the Services page.	
5.3.8	**A.** To the extent appropriate, any medical, health and additional supports that are necessary to address the child's outcomes but that are not required under IDEA, Part C are recorded on the TCM page. **B.** When a child is receiving services that the family has accessed outside the IFSP process using other resources, the IFSP team should consider the types and frequency of early intervention services and supports necessary to complement the outside services the child and family are receiving to achieve the identified outcomes. **C.** If a family decides to access additional supports outside the IFSP process, then the IFSP team will convene to review the child's services and ensure the entirety of services meets the child's needs.	
5.3.9	The name and contact information of the service coordinator is recorded on the Your Family's Information page of the IFSP. This information should be kept current with updates as needed.	
5.3.10	The steps to be taken to support the transition are recorded on the Transition page.	
5.3.11	**A.** An explanation of the contents of the Individualized Family Support Plan (IFSP) must include a review of information that is written on the IFSP, asking the parents if they understand what has been recommended, and then having the parent sign the IFSP form. If both parents are not present at the IFSP meeting, the parent in attendance may confer with the other parent, as appropriate and as needed, to discuss their child's services prior to signing. This information is recorded on the Services page. **B.** If an IFSP review is late due to an Early Steps issue, the services currently authorized on the IFSP should continue to be provided until the IFSP team convenes.	
5.3.13	**A.** A determination of initial or continuing eligibility is recorded on the Assessment/Eligibility Determination pages on the IFSP. **B.** A diagnosed established condition takes precedence over developmental delay as the reason for eligibility. **C.** The IFSP, Assessment/Eligibility Determination pages, and data reported regarding reason for eligibility should be updated when a child is originally eligible as developmentally delayed but later there is documentation of established condition.	

	D. This page may also be used to describe recommendations for children not found eligible, if any and as appropriate.	
5.3.14	Everyday routines, activities, and places are recorded on the Getting to Know Your Child and Family page on the IFSP.	
5.3.15	The identification of the Primary Service Provider (PSP) is recorded on the Services page.	
5.4.0 Interim IFSP		
5.4.1	An interim IFSP is rarely developed, but may be appropriate when a child is referred to Early Steps with an established condition or an obvious developmental delay and conditions warrant the immediate provision of specific early intervention services.	
5.4.2	The date the initial IFSP is written, not the date the interim IFSP is written, serves as the date from which the periodic review and annual meeting to review the IFSP must occur.	
5.5.0 Initial Individualized Family Support Plan (IFSP)		
5.5.2	If the initial IFSP does not take place within 45 days of receipt of the referral by the LES, the reason for delay must be documented in the child's record and entered as a barrier in the Early Steps data system. Barriers for the initial IFSP are as follows: **A.** Barriers considered to be beyond the LESs control include: **1.** Child issues (such as illness, appointment conflict, etc.), **2.** Office closure due to hurricane or other official state of emergency, **3.** Family/caregiver issues (such as illness, child care, convenience, family appointments, transportation, vacation, work, emergencies, etc.), **4.** Family did not show for scheduled evaluation and/or initial IFSP, **5.** Unsuccessful attempts to contact to schedule first contacts activities, evaluation/assessment and/or initial IFSP meeting (.e.g. unreturned phone calls, disconnected phone, or unable to locate family), and **6.** Re-referral (Child was enrolled previously, closed, and re-opened). **B.** Barriers that are not an acceptable reason for delay and are considered noncompliant include: **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.** Insurance approval pending for evaluation/ assessment, and **3.** External provider issues (e.g. team not available.	
5.5.4	Provision of records is considered part of the evaluation or assessment process and is not a separate billable activity.	
5.6.0 Periodic Review of the Individualized Family Support Plan (IFSP)		
5.6.1	**A.** If the periodic review meeting is held within 30 days prior to the due date of the annual review of the IFSP and all conditions for the annual review are met during the periodic review meeting, then the periodic review can suffice for the annual IFSP meeting.	Policy 6.12.1

	B. Examples of conditions that warrant more frequent periodic reviews of the IFSP include: **1.** Any time a change, including closure from Early Steps, is requested on the IFSP by any member of the IFSP team, **2.** When the service coordinator is aware of problems/concerns that need to be discussed between the times when required meetings or reviews are due, **3.** When the service coordinator/service provider receives a request from the family regarding problems/concerns that need to be discussed between the times when required meetings or reviews are due, **4.** When an IFSP outcome is not being met, or progress is not being made, you would not need to wait six months to figure out new strategies, **5.** When the outcomes were achieved in four months, you would not need to wait two additional months to develop new ones. If an outcome has a projected achieve date in 4 months, then a periodic review just prior to that achieve date may be necessary to determine next steps. However, if an IFSP outcome was achieved yet there continue to be other outcomes to be addressed, an earlier IFSP review may not be necessary, and **6.** When a child and family transfer from another LES in Florida. **C.** The review should ensure the services, goals, and objectives on the service coordination/ targeted case management service plan continue to be appropriate or are revised as necessary.	
5.6.2	A periodic review consists of one or more of the following actions that occurs in between scheduled annual reviews of the IFSP: **A.** Addition, revision, completion, or deletion of an outcome, **B.** Discussion of additional needs identified based on ongoing assessment/observation, **C.** Re-determination of eligibility, **D.** Discussion regarding proposed new, changed, or terminated services or locations, **E.** A proposed change in frequency, intensity or duration of services, and **F.** Discussion regarding potential termination from Early Steps.	Policy 8.4.1
5.6.3	**A.** While it is best practice for periodic reviews to be conducted face to face, the periodic review may also be conducted via telephone conference call or videoconferencing. **B.** Participants may submit information and reports to the service coordinator that will be discussed during the periodic review via email, postal service, or fax before the periodic review date. This is considered part of on-going service delivery for the child/family and is not a separate billable activity. **C.** If a periodic review is conducted via telephone call or video conference and consent is required per 8.5.1, the service coordinator will: **1.** Complete and print the entire IFSP, including all services that require consent, leave the Start (or From) date blank, and send it to the family by the method of their choice for their consent. Upon receipt of consent, fill in the Start (or From) date since the date must match the date consent was provided or	

	2. Obtain consent via electronic methods that meet the requirements in 8.5.8 Policy and Guide. **3.** Send the entire completed IFSP to the parent(s) after it is completed. **4.** File in the Early Steps record.	
5.6.4	**A.** Examples of situations that may warrant the involvement of evaluators/ assessorsand/or others needed at the periodic review include: **1.** Any professional who conducted the evaluations and/or assessments should be involved in the periodic review as a resource for the IFSP Team. **2.** When the child is in custody of DCF, the DCF caseworker should be invited to participate in the development of the IFSP. The DCF caseworker must provide consent for modified medical services if the consent was provided by a parent other than the biological or foster parent.	Chapter 743.0645 F.S.
5.7.0 Annual Evaluation of the Individualized Family Support Plan (IFSP)		
5.7.1	If the annual IFSP meeting is completed early, then the next annual due date should be 12 months from the date the annual IFSP is written.	
5.7.3	**A.** The annual IFSP meeting will include a review of the team's ongoing assessment and any status reports, or evaluations and/or assessment results from community providers and other sources and be documented on the Evaluation/Assessment page. **B.** A formal multidisciplinary evaluation with functional scores is not required if current information in all developmental areas exists from ongoing assessment of the child and family and any other current information. **C.** The annual review of the IFSP will include monitoring to ensure that the service coordination/targeted case management service plan is effectively implemented, adequately addressed the needs of the child/family, and that services are being provided.	Policy 3.1.11 Policy 6.12.1 Policy 8.4.1 Policy 8.4.2 Policy 8.4.3 Policy 8.4.4 Policy 8.4.6
5.7.4	Service providers who also provide on-going assessment of the child are regarded as evaluators and assessors and therefore their participation is required at the annual IFSP meeting.	
5.7.5	Provision of records is considered part of the evaluation or assessment process and is not a separate billable activity.	
5.8.0 At-Risk Individualized Family Support Plan (IFSP)		
5.8.1	If a child is referred based on an At-Risk condition and a potential developmental delay is identified within the first 45 days of referral, an evaluation and IFSP in accordance with Policy 5.5.1 must be completed.	

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	**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. **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. **C.** Services should be tied to functional outcomes or goals that aim to increase the child's abilities within their environment and family life. **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: **1.** Thoroughly discusses and re-considers: **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. **E.** When the IFSP meeting ends before a decision is reached, services will continue as previously authorized. **F.** The IFSP team must reach agreement regarding services as needed to meet the developmental needs of any eligible child.	
6.1.3	**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: **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	Policy Handbook 4.2.6 Policy Handbook 10.2.1 Policy Handbook 6.12.2

Component: 6.0 Early Intervention Services and Supports		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	frequency or intensity of services is necessary for a period of time or whether the previously authorized frequency/intensity remains appropriate. **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. **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: **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. **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. **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. **F.** The LES is not responsible for ensuring the provision of services not authorized by the IFSP team, or "other services." **G.** Services authorized by the IFSP team are reflected on the services page.	
6.1.4	The concept of natural environment involves everyday routines, activities and places and not just location. Following are some examples: **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	**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. **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: **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.	

Component:6.0 Early Intervention Services and Supports		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
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.	

Component: 6.0 Early Intervention Services and Supports		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	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.	
6.1.19	**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. **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.	
	6.2.0 Team-Based Primary Service Provider Approach	
6.2.1	**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. **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. **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. **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: **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. **E.** When a child and family are receiving service coordination as the only service, designation of a PSP is not necessary. **F.** Any approved Early Steps provider may be assigned as the PSP. The PSP may function in a dual role as the service coordinator when enrolled as both a service coordinator and a direct service provider. **G.** The PSP is chosen after outcomes, goals, and strategies are developed and services/supports are identified. The IFSP team should consider the following factors when deciding who on the IFSP team should be a family's PSP: **1.** IFSP outcomes and strategies,	

Component:6.0 Early Intervention Services and Supports		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	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). **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, joint 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. **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.	
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	**A.** Consultation is provided in the following ways: **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. **B.** The Consultation Documentation should be kept in the child's record and should include details, such as the names of all individuals who were in attendance, the reason for the consultation, a summary of the conversation or activities that took place.	
6.4.0 Assistive Technology		
6.4.2	**A.** The Assistive Technology Assessment form will be used to document the assessment. **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.	
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.	

Component:6.0 Early Intervention Services and Supports		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
6.4.6	**A.** The usual and customary charge is often referred to as the list price or catalog price. **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. **C.** Hearing aids and (frequency modulation) FM systems are recommended to the IFSP team by the child's audiologist.	Durable Medical Equipment and Medical Supplies
6.4.9	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.	
6.4.11	**A.** An assistive technology device is authorized on the IFSP and purchased for a specific child and automatically transfers with the child when transitioning. **B.** Families should be informed 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.	
6.4.12	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.	Request for Transfer of Assistive Technology form - Spanish Request for Transfer of Assistive Technology form - Creole
6.4.13	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.	
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

Component:6.0 Early Intervention Services and Supports		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
		Decision form - Creole
6.5.0 Health Services		
6.5.1	**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: **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: **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: **a.** The quality of the service/device? **b.** Whether the service/device: **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 Early Childhood Education		
6.7.1	An example of an appropriate use of early childhood education is the following: **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 childcare 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 childcare setting. In that circumstance Early Steps could assume the financial responsibility for that portion of the childcare cost specifically associated with the bi-weekly interactions, as authorized in the child's IFSP.	
6.8.0 Plan of Care		
6.8.1	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.	
6.10.0 Timeliness of Services		
6.10.1	**A.** Barriers to timely service delivery, including reasons and timelines must be documented in the child's case notes. **B.** Barriers that are considered to be beyond the LES's control are: **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: **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: **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 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).	

	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. **C.** Barriers that are not acceptable reasons for delay and are considered noncompliant are: **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.	
6.11.0 Closure to Early Steps		
6.11.1	**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. **G.** Withdrawal by parent or guardian prior to IFSP - Children whose parents declined all services prior to IFSP development. **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. **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. **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). **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. **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). **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. **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. **O.** Aged out before Part C eligibility determination - Children who reached their third birthday prior to evaluation.	
6.11.2	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.	Policy Handbook 6.12.2
6.11.3	IDEA, Part C funds end for children on the day before their third birthday.	
6.11.4	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.	

Component: 7.0 Transitions		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
7.1.0 Transition Planning		
7.1.2	**A.** Informal discussions regarding the transition process occur with the family throughout the time the child receives services with Early Steps, starting with first contacts. **B.** Transition planning may occur in conjunction with a regularly scheduled IFSP meeting. **C.** Transition plans are to be individualized to the needs of the child and family. **D.** During transition planning, the IFSP team discusses concerns regarding possible program options, the new environment and any activities to enable a successful transition. **E.** After a formal discussion regarding the transition process, the service coordinator should provide the family with a "transition packet" as defined by the LES, possibly including the most recent Transition Booklet for Families, *Getting to Know Me and My Family* document, *Getting to Know Your New Teacher and School* document which are available at the Florida's Transition Project website, a blank transition plan of the IFSP Head Start brochure, APD brochure, etc.	Florida Head Start website Agency for Persons With Disabilities website Transition Booklet for Families in English Transition Booklet for Families - Spanish Transition Booklet for Families - Creole Getting to Know Me and My Family - English Getting to Know Me and My Family - Spanish Getting to Know Me and My Family - Creole Getting to Know Your New Teacher and School - English Getting to Know Your New Teacher and School - Spanish Getting to Know Your New Teacher and School - Creole

Component: 7.0 Transitions		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
7.1.3	**A.** In Florida, children eligible for the school district Prekindergarten Program for Children with Disabilities begin services on their third birthday, even when the third birthday occurs prior to the end of the school year. Florida has *not* elected to offer IDEA, Part C services beyond age three under the IDEA; therefore a child will have no IDEA, Part C options from the third birthday through the remainder of the school year. If a child's third birthday occurs during the summer, the child's IEP team convened by the school district will determine the date when services under the IEP or IFSP (for school districts which use an IFSP in lieu of an IEP) will begin. **B.** Children who are not eligible for preschool services under IDEA, Part B are terminated from Early Steps by the third birthday and information is provided during transition planning, regarding appropriate services the child might receive.	
7.2.0 Notification		
7.2.1	Notification is not required for children who are not yet determined eligible for IDEA, Part C. It is recommended that LES and local school district administration discuss and agree to notification follow-up strategies such as: **A.** The school district sending a letter of introduction to the parent that provides the name and phone number of a school district representative who can explain the preschool special education eligibility process and provide general information about preschool special education. **B.** The school district providing the parent with a copy of the preschool special education procedural safeguards.	
7.2.3	When discussing notification and the opt-out option with parents, the LES will let parents know the locally agreed upon time lines for providing notification to the DOE and school district so that parents are aware of: **A.** whether they will have another opportunity to discuss notification, and **B.** how long they will have to decide whether they will opt-out of opt-out.	
7.2.7	**A.** Discussion of the intent to provide notification to the Department of Education (DOE) and the local school district and the decision of the parent related to opting out of notification is appropriately documented by the LES service coordinator in a dated case note in the Early Steps record. Evidence of notification to the DOE and the school district may be in the form of a letter, a list, a data report or any other format agreed to by the LES, school district and/or DOE. **B.** If a notification list or report includes names, dates of birth or addresses of other children/families, that information will be redacted before placing in a child's Early Steps record. **C.** If evidence of notification is kept at a separate location from the Early Steps record, this location should be noted in a case note.	

Component:7.0 Transitions		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	D. The provision of non-personally identifiable information to the school district when a parent opts out of notification is not equivalent to notification.	
7.3.0 Transition Conference-For Children Who May Be Eligible for School District Prekindergarten Program for Children with Disabilities		
7.3.1	**A.** If the transition conference takes place after the required timeframe, the reason for delay will be documented in the case notes and in the Early Steps data system. Barrier reasons to be used in this situation for the transition conference are as follows: **1.** Child issues (such as illness, appointment conflict, etc.) prevented the transition conference from occurring at least 90 days prior to the child's third birthday. **2.** Family/caregiver issues (such as illness, childcare, convenience, family appointments, transportation, vacation, work, emergencies, etc.) prevented the transition conference from occurring at least 90 days prior to the child's third birthday. **3.** Office closure due to hurricane or other official state of emergency prevented the transition conference from occurring at least 90 days prior to the child's third birthday. **4.** Family did not show for scheduled transition conference which prevented the transition conference from occurring at least 90 days prior to the child's third birthday. **5.** Inability to contact the family after appropriate and reasonable attempts to schedule the transition conference (i.e., unreturned phone calls, disconnected phone, or unable to locate) prevented the transition conference from occurring at least 90 days prior to the child's third birthday. **6.** The family declined to participate in a transition conference. **7.** **NOTE**: This barrier should not be used when the family declines pursuing services with IDEA, Part B. In this case, the transition conference still needs to be held no later than 90 days prior to the child's third birthday. **8.** The child was determined eligible for Early Steps 90 days or less prior to the child's third birthday, which prevented the transition conference from occurring at least 90 days prior to the child's third birthday. **9.** LES capacity issue (such as no available appointment, appointment canceled due to staffing issues, inability to contact family due to staffing issues, etc.) prevented the transition conference from occurring at least 90 days prior to the child's third birthday. **NOTE**: This barrier is not an acceptable reason for delay and is considered noncompliant. **B.** For the purpose of holding a transition conference, approval of the family should be documented in a case note.	

Component: 7.0 Transitions		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	C. If the child's birthday is in the summer, the transition conference should occur in the spring to allow for availability of local school district staff and time for the plan to be in place before the school year begins. **D.** With consent of the family, information that will be helpful to the local school district may be shared in advance of the transition conference. Sharing of such information prior to the transition conference does not constitute a referral to the local school district. **E.** For a child who may be eligible for the school district Prekindergarten Program for Children with Disabilities, items to be discussed during the transition conference and documented on the Transition Plan should include: **1.** Services available from the local school district and how and when the evaluation(s) and eligibility determination will occur. This will be provided by the local school district representative. In the event the representative is not in attendance, the LES will obtain this information from the local school district. **2.** Other agencies and community providers that may benefit the child and family. **3.** Existing child/family information. **4.** Family concerns regarding transition. **5.** Activities to address identified concerns. **6.** Services/activities that need to be completed before child moves into the new setting. **7.** Persons involved in completing identified activities. **8.** Timeframes for when each activity should be completed. **9.** Need for scheduling visits to program sites.	
7.3.2	**A.** It is the responsibility of the LES to invite, with approval of the family, the local school district representative to the transition conference. **B.** For the purpose of inviting the local school district representative to the transition conference, approval of the family should be documented in a case note. **C.** Although it is preferable for the participants in the transition conference to meet face-to-face, if the local school district representative is unable to be physically present for the transition conference, he/she may participate via phone conference, videoconferencing, etc. **D.** In the event that the local school district representative is unable to participate in the transition conference due to unforeseen circumstances, the transition conference can be postponed and re-scheduled if acceptable to the LES and the family and if the rescheduling will not jeopardize compliance with the required timelines. However, if rescheduling is not acceptable to the LES and family or if rescheduling will jeopardize compliance, then the transition conference should proceed without local school district participation. The exception to this would be that the family requests that the conference be postponed until the school district representative is available.	

Component:7.0 Transitions		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	E. The following individuals may also be present, with approval of the family, for the transition conference as appropriate: **1.** Early Steps service providers **2.** Head Start staff **3.** Child Care staff **4.** Children's Medical Services staff **5.** Agency for Persons with Disabilities representative **6.** Other individuals of family's choice **7.** FDLRS representative **F.** It is the responsibility of the Early Steps service coordinator or designee to facilitate the transition conference. If the transition conference is scheduled in conjunction with an initial or annual IFSP meeting, all requirements related to IFSP meetings as stated in policy component 5 will apply, in addition to the requirements related to the transition conference stated in this component. **G.** The transition conference might be an appropriate time to complete a periodic review or annual meeting to review the IFSP if the child's third birthday is a short time prior to the next required periodic review or annual review of the IFSP. All requirements related to IFSP meetings as stated in policy components 5.2.0, 5.6.0 and 5.7.0 will apply, in addition to the requirements related to the transition conference stated in this component.	
7.4.0 Transition Conference - For Children Who May Not Be Eligible for School District Prekindergarten Program for Children with Disabilities		
7.4.1	**A.** For the purpose of holding a transition conference, approval of the family should be documented in a case note. **B.** With consent of the family, information that will be helpful to the receiving program or agency may be shared in advance of the transition conference. **C.** The following items should be discussed during the transition conference and documented on the Transition Plan. **1.** Services that child and family may be eligible for. **2.** How and when the evaluation(s) and eligibility determination for other programs and services will occur. **3.** Other agencies and community providers that may benefit the child and family. **4.** Existing child/family information. **5.** Family concerns regarding transition. **6.** Activities to address identified concerns. **7.** Services/activities that need completed before child moves into the new setting. **8.** Persons involved in completing identified activities. **9.** Timeframes for when each activity should be completed. **10.** Need for scheduling visits to program sites.	

Component: 7.0 Transitions		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	D. The transition conference might be an appropriate time to complete a periodic review or annual meeting to review the IFSP if the child's third birthday is a short time prior to the next required periodic review or annual review of the IFSP. All requirements related to IFSP meetings stated in policy components 5.2.0, 5.6.0 and 5.7.0 will apply, in addition to the requirements related to the transition conference stated in this component.	
7.4.2	**A.** The following individuals may also be present, with approval of the family, for the transition conference as appropriate: **1.** Current service providers **2.** Head Start staff **3.** Child Care staff **4.** Children's Medical Services staff **5.** Agency for Persons with Disabilities representative **6.** Other individuals of family's choice **B.** For the purpose of inviting other individuals to the transition conference, approval of the family should be documented in a case note. **C.** It is the responsibility of the Early Steps service coordinator or designee to facilitate the transition conference.	
7.5.0 Referral to the School District Prekindergarten Program for Children with Disabilities		
7.5.1	It is important that families are provided with and understand their referral options before being asked to provide consent for a referral to a specific program or provider.	
7.5.2	**A.** LES' are not required to conduct hearing or vision screenings solely for the purpose of transitioning at age three. **B.** Additional items to be included in the referral packet should be specified in the interagency agreement between the LES and the local school district. **C.** The LES should work together with the local school district to use existing Early Steps information and data such as parent reports, current evaluations and assessments, IFSP information, and observations by service providers to assist in determining eligibility for the school district Prekindergarten Program for Children with Disabilities.	
7.6.0 Referral to Other Early Care and Education Program		
7.6.1	It is important that families are provided with and understand their referral options before being asked to provide consent for a referral to a specific program or provider.	
7.7.0 Initial Individual Educational Plan (IEP) Meeting		
7.7.1	**A.** If the Early Steps service coordinator or other LES representative is unable to be physically present for the initial IEP meeting, he/she may participate via phone conference, videoconferencing, etc. **B.** If the Early Steps service coordinator or other LES representative is unable to participate in the initial IEP meeting, the Early Steps service	

Component: 7.0 Transitions		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	coordinator should contact the family or local school district to obtain the meeting outcome.	
7.8.0 Other Transitions		
7.8.1	**A.** For infants determined eligible for Early Steps while in the hospital, the service coordinator should: **1.** Conduct a review of the IFSP, its implementation and impact of the services provided prior to hospital discharge to determine whether any changes need to be made in the services provided. **2.** Obtain input from other service providers and family regarding the appropriateness of the current IFSP. (Note: For children dually enrolled and served by Early Steps and CMS Network, the Early Steps service coordinator will include the CMS Network care coordinator in the flow of activities and sequence of events delineated throughout the transition process.) **3.** Address issues related to the transition from hospital to home. **4.** Coordinate Early Steps transition activities with hospital discharge planning. **B.** For children transitioning between LES in Florida: **1.** The sending service coordinator should: **a.** Conduct a review of the IFSP to add concerns, priorities, resources and outcomes regardless of the next IFSP review due date. This may be considered either a periodic review or annual IFSP meeting. **b.** Share information with the receiving entity. **c.** Document transition planning activities in case notes. **d.** Provide name and phone number of the contact person at the receiving entity to the family. **e.** Notify current service providers regarding family's plans and expected end date for services. **f.** Ensure the Early Steps record is transferred from the sending LES to the receiving LES. **g.** Contact the family after the transition to ensure that a link was made with the receiving entity within 30 days of the transition. **h.** Transfer the child's Early Steps record in the Early Steps data system. **2.** The receiving service coordinator should: **a.** Conduct an IFSP periodic review shortly after family arrives. **b.** Refer family to other agencies and services as appropriate, with consent of the family. **C.** For children transitioning and leaving the state, the service coordinator should:	

Component: 7.0 Transitions		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	1. With parental consent, send information such as IFSPs, case notes, provider notes, and other pertinent information from the Early Steps record to the receiving state program. . **2.** Notify current service providers regarding family's plans and expected end date for services. **3.** Close the child's Early Steps records in the Early Steps data system.	

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
8.1.0 Minimum Procedures		
8.1.1	Explanations of rights and procedural safeguards should be a part of the service coordinator's and service provider's ongoing conversations with families and should be documented in the Early Steps record. Although some rights and procedural safeguards (e.g., prior written notice) can be explained when they occur in the early intervention process, others (e.g., right to request mediation) need to be explained from the beginning in case a family may need them. Alternative methods, such as videotapes and brochures may be used to assist in providing explanations to families; however, they should not replace verbal explanations.	
8.2.0 Confidentiality and Opportunity to Examine Early Steps Records		
8.2.3	If there are concerns regarding the confidentiality of foster parents, the names in the record may be redacted.	
8.2.6	IDEA, Part C and FERPA do not require the distribution of copies of an Early Steps record upon request, but rather parental access to inspect and review the Early Steps record.	
8.2.21	**A.** Although the LES would respond to reasonable requests for explanations and interpretations of Early Steps records, a test protocol or question booklet which is separate from the sheet on which responses are recorded, and which is not personally identifiable to the child, would not be part of his or her Early Steps record. **B.** The explanation and interpretation by the LES could entail showing the parent the test question booklet, reading the questions to the parent, or providing an interpretation for the responses in some other adequate manner that would inform the parent.	
8.2.23	LES does not have to log/maintain request for access to and disclosure of personally identifiable information when the request is from or disclosure is to the parent(s), LES or ESSO officials.	
8.2.24	If there has been an adoption, the below process for ensuring the confidentiality of the pre-adoption of Early Steps records should be followed: **A.** Initiating the Adoption Record Process. When notified by a court order or adoption decree that an adoption has occurred, the Early Steps service coordinator will: **1.** Obtain the hard copy Early Steps record, including any records that may have been archived in storage, **2.** File the court order/adoption decree in the current volume of the pre-adoption Early Steps record under the "Legal" tab, and	Letter to Adoptive Parent – Child to be Closed

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	3. Contact the adoptive family within 5 calendar days from the date the LES is notified of the adoption to confirm whether it is their intent for the child to remain open to Early Steps post-adoption or be closed post-adoption. **B.** Children Closed to Early Steps Services Post-Adoption. If the adoptive parents express intent to decline services post-adoption, the service coordinator will close the child's record and ensure the pre-adoption record is sealed. **C.** Children Who Remain Open to Early Steps Services Post-Adoption. The service coordinator will meet with the adoptive parents if they have expressed the intent to continue receiving Early Steps services post-adoption. During the meeting, the service coordinator will provide information about Early Steps (including family rights and procedural safeguards) and collect updated information. The service coordinator will then create a post-adoption record, using the pre-adoption hard copy of the Early Steps record as the basis for the new record. All eligibility information must be included in the new record excluding the Consent to Disclose Pre and Post Adoption Information form. The initial BDI-2 assessment must also be updated with the post-adoptive name and new identification information. There will be no reference to the adoption noted in the new record. **D.** Sealing the Pre-Adoption Record. The service coordinator will ensure that the pre-adoption record is sealed by taking the steps shown below: **1.** Print any electronic records in their entirety and add it to the hard copy record, ensuring that all records are included, and **2.** Place the entire hard copy record in a sealed envelope marked "CONFIDENTIAL" and place the envelope in a locked location with limited access. A court order must be obtained to open or release a sealed record. **E.** If there is concern for the foster parent(s) who have provided consent, the names and personally identifiable information can be redacted from copies of the IFSP or copies of other related documents in the records before being released to the natural parent(s).	
8.2.27	Each LES' host organization or entity is responsible for developing its own HIPAA forms and other materials that it determines are necessary to ensure compliance with HIPAA regulations. Specific questions regarding HIPAA regulations and compliance should be directed toward your host organization or entity which is responsible for determining how your organization or entity must comply with the HIPAA regulations.	HIPAA and IDEA Chart Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
		Health Insurance Portability and Accountability Act of 1996 (HIPAA)
	8.4.0 Prior Written Notice	
8.4.1	**A.** In situations in which the service coordinator finds out about a service change after it is implemented, prior written notice should be immediately provided and the circumstances surrounding the late notice should be documented in the service coordinator's notes in the Early Steps record. **B.** Prior written notice must be provided even when the family was involved in the decision-making. When a change is agreed upon during an IFSP meeting, the notice would be provided to the family at that time in the form of the Prior Written Notice Form. **C.** Occurrences, which are subject to prior written notice, include: **1.** Initial evaluation and eligibility determination, **2.** New, changed or terminated services or locations, **3.** Change in type, frequency, intensity or duration of services, **4.** Refusal to change or initiate a particular service, provider or location, and **5.** Termination from Early Steps.	
	8.5.0 Parental Consent	
8.5.1	**A.** The individuals listed under the definition of parent are authorized to provide consent. **B.** The LES should obtain a copy of the court order for care and custody and determine whether there are any special provisions regarding consent when: **1.** The child is in foster care, or **2.** The parents are separated or divorced and there is a dispute. **C.** The court order should be maintained in the Early Steps record. **D.** For children in the care and custody of the Department of Children and Families (DCF), Local Early Steps should work with the DCF caseworker to identify the most appropriate individuals to be involved in the development of the IFSP. In cases in which DCF is working toward reunification, every effort should be made to include the child's parent or identified future caregiver. **E.** Involvement of the DCF caseworker is important to ensure the Local Early Steps is working with the most appropriate individuals in the development of the IFSP. Local Early Steps should invite the DCF caseworker to participate in the development of the IFSP in order to utilize their expertise and historical knowledge in working with the child. The participation and signature of the DCF caseworker should be	Chapter 743.0645 F.S. DCF 2013 Consent Memo

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	documented in Services Needed to Achieve Early Intervention Outcomes page of the IFSP. **F.** In the circumstance when a parent other than a biological or foster parent is providing consent for Early Steps services, a DCF caseworker must consent for services by signing the "Consent for Services for Children in Custody of Department of Children and Families (DCF) under Chapter 39 F.S:" section on the Services Needed to Achieve Early Intervention Outcomes page of the IFSP.	
8.5.4	If a parent revokes consent, that revocation is not retroactive. The revocation does not negate any action that occurred after consent was given and before the consent was revoked.	
8.5.6	When there is a request by subpoena to release confidential information, the agency receiving the subpoena should notify their legal counsel.	
8.5.8	**A.** Based on parent's preference, consent can be obtained via electronic methods including fax, stylus, email, and text. **B.** Consent obtained electronically must be authenticated as the parent(s) and a description of the process for verification that the parent is the source of the consent must be documented in the record. **C.** It is acceptable for consent to be obtained directly on the IFSP and faxed and/or scanned from the parent(s). **D.** Consent obtained electronically but not on the IFSP must: **1.** Include the name and date indicating consent provided/entered directly from the family, **2.** Include all the actions that the family has been fully informed of and is consenting to, **3.** Include a statement from the family indicating they have been provided with prior notice, including procedural safeguards, and understand the reason(s) for taking the action(s) when prior notice is required. It must be documented in the record that prior notice, including procedural safeguards, was provided and explained, **4.** Apply only to the action for which the parent is consenting; not a past or future action, and **5.** Be printed and attached to the IFSP in the record and provided to the parent(s). **E.** The technology used to provide consent electronically must be accessible and preferred by the parent(s) and compatible with technology available to the LES.	
8.8.0 Assignment of a Surrogate Parent		
8.8.1	Following the assignment of a surrogate parent, the LES should contact the local FDLRS center to access surrogate parent training.	
8.8.3	Consultation can occur by telephone, e-mail, or other means consistent with confidentiality requirements.	

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
8.8.5 **8.8.6** **8.8.7**	**A.** The surrogate parent's assignment is to provide the child with an objective individual who will look out for the child's interest when the only other available entity is an "agency" or "paid administrator." **B.** The surrogate parent is not the legal guardian and as defined in the IDEA, Part C does not assume the responsibilities of the Department of Children and Families (DCF) for children in the custody of DCF which are much broader. **C.** A surrogate parent would be assigned only if the foster parent is not willing to ensure services. **D.** The surrogate parent shall become acquainted with the child and be knowledgeable about his/her developmental delay or disability and needs. **E.** An individual's appointment as a guardian ad litem does not prohibit that person from acting as a surrogate parent if they meet the legal criteria listed in § 300.519 and Rule 6A-6.0333, FAC. When the court assigns a person to act as the guardian, it is acceptable for that person to consent to the evaluation and delivery of early intervention services. **F.** The surrogate parent shall continue in the appointed role until one of the following circumstances occurs: **1.** The child is determined to no longer be eligible or in need of early intervention services, except when termination of services is being contested, **2.** The legal guardianship of the child is assigned to a person who is able to carry out the role of the parent, **3.** The parent, who was previously unknown, becomes known; or the whereabouts of a parent which was previously undiscovered, is discovered, **4.** The appointed surrogate parent no longer wishes to represent or is unable to represent the child, **5.** The lead agency or public agency determines that the appointed surrogate parent no longer adequately represents the child, or **6.** The child moves to a geographic location, which is not reasonably accessible to the appointed surrogate parent.	
8.9.0 Right to Mediation		
8.9.1	The ESSO will: **A.** Provide informational materials to parents, early intervention personnel, and advocates interested in mediation, **B.** Provide technical assistance to parents, LES staff, service providers, and advocates for their consideration and/or preparation for mediation, **C.** Evaluate and monitor the effectiveness of early intervention mediation services for parents and early intervention personnel in Florida, **D.** Obtain the services of trained mediators through an agreement with the Florida Department of Education, **E.** Pay the mediator's fee, travel, per diem, and communication costs, and	

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	F. Provide in-service training for early intervention mediators.	
8.9.3	**A.** It is best practice for both parties to disclose who, if anyone, will be accompanying the party prior to the mediation session. Either party has the right not to participate if they object to the person(s) the other party wishes to bring to the mediation session. For example, if a party wishes to bring an attorney and the other party objects, either party may choose to not move forward with the mediation session. **B.** The mediation process may be an intervening step after a due process hearing has been requested or it may be offered prior to a request for due process hearing or the filing of a complaint. **C.** The parties should be informed and/or aware that mediation: **1.** Is confidential and the parties must sign a Confidentiality Agreement, **2.** Promotes positive working relationships between parents and LES personnel, **3.** Requires give-and-take of ideas and offers before an agreement can be reached, **4.** Is used to clarify issues causing disagreement and stimulates mutual problem-solving efforts, **5.** Provides uninterrupted opportunities to present points of view, **6.** Allows their positions and/or views related to the dispute to be clearly outlined, **7.** Allows the opportunity to consider solutions that may be either short-term or long range, **8.** Allows the opportunity for the parties to state what they want from or are proposing for the other party, **9.** Should focus on the child's needs. Finding fault, fixing blame, or making accusations sidetrack the aim of mediation and should be avoided, **10.** Is likely to be successful when participants, in addition to parties to the dispute, have knowledge of the child and the child's needs or specialized knowledge of the issues(s) in dispute, **11.** Operates effectively when the mediator makes the final decision as to who attends the mediation session, **12.** Allows the opportunity to develop a list of alternatives or solutions that could be offered to settle the dispute, starting with the most important item first, and **13.** If either party is dissatisfied with the decision reached in the mediation, a due process hearing can be requested.	
8.9.7	The mediator is a neutral party who: **A.** Is knowledgeable about state and federal laws related to early intervention services for infants and toddlers with special needs,	

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	B. Is experienced with and effective in applying conflict resolution procedures, problem-solving approaches, and communication skills relating to interpersonal relationships, **C.** Is concerned about children with special needs and their right to appropriate early intervention services, **D.** Is sufficiently removed both personally and professionally from the early intervention service area, **E.** Acts as a facilitator to assist parents and early intervention personnel to reach an agreement, **F.** Listens to each party's view of the problem, **G.** Reviews records and documents as necessary, **H.** Helps identify issues to be mediated, **I.** Seeks statements from each party as to their position or points of disagreement, requesting clarification as necessary, **J.** Emphasizes present aspects of the case, limiting discussion of the past to that necessary for understanding and planning, **K.** Keeps discussions confidential, **L.** Helps both parties make suggestions and delineate areas of agreement, **M.** Works with both parties to guide them toward a mutually satisfactory solution that meets the best interest of the child, and **N.** Does not resolve the dispute.	
8.9.10	During the mediation session, both parties should: **A.** Approach the mediation in good faith, with the intention of reaching an agreement on issues, outcomes, and/or total resolution of the dispute, **B.** Present their view, including all relevant information. Mediation is not intended to be confrontational or adversarial. Each party should freely speak for himself or herself, using a problem-solving approach, to resolve the issues, **C.** Meet separately with the mediator during the session in case the parent wants to present sensitive material to the mediator privately, **D.** Ask for clarification whenever material or a point of discussion is not understood, and **E.** Actively participate in the session and in designing the mediation agreement.	
8.10.0 Right to Due Process Hearing		
8.10.2	ESSO shall maintain a copy of the current Directory for Florida Legal Services, Inc. published by: **Florida Legal Services, Inc.** 2425 Torreya Drive Tallahassee, FL 32303 Phone: (850) 385-7900 Fax: (850) 385-9998	

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
8.10.3	The mediation process may be offered prior to a request for due process hearing or the filing of a complaint.	
8.10.6	The ESSO will send to the parties in the due process dispute roles and responsibilities of the parties in a due process hearing. This will be done via registered, certified or hand delivered mail.	
8.10.8	There is no requirement that the party who alleges that the hearing request is insufficient state in writing the basis for that allegation.	
8.10.10	**A.** When a request for a hearing is made, the LES is responsible for coordinating with ESSO due process matters and for managing the details involved in preparing for a hearing. **B.** The due process coordinator may or may not be the LES program spokesperson at the hearing. **C.** The director of each LES will determine who will serve in that capacity. **D.** Parents and the LES will need to determine who will be their respective spokespersons or representatives during the hearing. Each party may choose to represent themselves or to seek legal counsel. **E.** If the parents wish to be represented by another individual who is not an attorney, such as a local child advocate, that individual must present himself to the hearing officer for approval. The hearing officer will question the individual to determine his or her familiarity and experience with the following areas: **1.** Children with special needs and procedures used in the due process hearings, and **2.** Federal and state laws and rules related to children with special needs. **F.** The hearing officer will decide whether the individual possesses knowledge and skills necessary to fairly and competently represent the parents and the child's interests. **G.** Tasks to be completed by the parents in preparation for the hearing: **1.** Organize their evidence, **2.** Decide who they will call as witnesses, **3.** Check with their witnesses to be sure arrangements are clear, **4.** Decide what testimony will be presented, **5.** Anticipate questions that will be asked of them and their witnesses and how those questions will be answered, **6.** Prepare questions to ask LES' witnesses concerning their testimony and the evidence presented by the Local Early Steps, **7.** Decide whether the child will be present, **8.** Develop questions to ask witnesses, and **9.** Contact legal counsel if the process seems overwhelming. **H.** Tasks to be completed by the Local Early Steps in preparation for the hearing: **1.** Gather, sort, and systematically organize data and Early Steps records, **2.** Organize the evidence into exhibits,	

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	3. Determine the main issues, **4.** Decide position on the issues, **5.** Prepare witnesses for testimony, **6.** Develop questions to ask witnesses, and **7.** Develop cross-examination questions. **I.** Information prepared for and given to the hearing officer, will include: **1.** A copy of the child's Early Steps records, **2.** A chronological appendix, **3.** A list of witnesses, **4.** An order of witness testimony, and **5.** A list of exhibits. **J.** A meeting should be arranged for the preparation of witnesses who will give testimony related to the exhibits introduced as evidence. The persons attending the meeting include Early Steps witnesses, Early Steps attorney and the local due process coordinator. The meeting should be scheduled approximately a week to ten days prior to the scheduled hearing date. The purpose of the meeting is to inform the witnesses of: **1.** Hearing procedures, **2.** What to expect at the hearing, **3.** What will be expected of them, **4.** The questions that might be asked of them, **5.** How their testimony is related to the exhibits, **6.** The responsibilities and parameters by which they will testify, **7.** Informative articles, booklets, or pamphlets regarding due process hearing, especially the role of a witness, **8.** The order of witness testimony, and **9.** Witnesses should be informed that a lunch break may not be scheduled due to the time constraints of the hearing officer. **K.** The LES' attorney should prepare the LES witnesses to: **1.** State their professional credentials, certification, and training, **2.** State their experience, relative to their position, title, and current status in the early intervention system of the child in question, **3.** Know their job description and be able to verbally relate how it applies to the day-to-day early intervention process, **4.** Make statements about the unique needs of the child, **5.** Explain terms specific to the early intervention process, **6.** Bring any documents or supportive information that may be helpful and refer to them during their testimony, **7.** Know what is contained in the child's Early Steps records about which they may be asked questions, **8.** Answer any questions that relate to the child's Early Steps records, and **9.** Anticipate questions about their evidence and testimony and be prepared to answer those questions. **O.** Witnesses who have evaluated the child should be prepared to:	

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	1. Discuss the kinds of evaluation instruments and methods used in arriving at the conclusions concerning the child's developmental and behavioral abilities, **2.** Discuss the reliability and validity of evaluative materials used, and **3.** Bring evaluation manuals in order to support that scoring and interpretation was in accordance with the instrument directions. **P.** The hearing officer will decide if a witness is an "expert." An expert witness is a person who by reason or specialized experience possesses superior knowledge about a subject. An expert witness can draw conclusions, offer opinions, and answer hypothetical questions. Either party may rely upon expert witnesses. Expert witnesses will receive the same mileage and per diem reimbursement rate established within the statutory requirements of reimbursement for early intervention business. If the hearing officer deems it necessary to call in an expert witness, compensation of the per diem and mileage of regular witnesses might be necessary. Lost salary will not be reimbursed. **Q.** Either party may call witnesses as deemed appropriate. **R.** When a parent requests that a service provider or Local Early Steps' staff person be a witness, the Local Early Steps should facilitate such a request, understanding that this can become a delicate situation for the witness who would be testifying against the agency that employs or pays him. Local Early Steps should be careful that there is no unintentional retaliation regarding an opposing witness' status as an employee or service provider. **S.** Depositions may be taken by attorneys in order to mediate a case or may be used to identify and narrow the issues for the hearing. **T.** The hearing officer can issue a subpoena upon request and for good cause shown, i.e., the testimony or document is important to material issues at the hearing. **U.** Disclosure of Information should be disclosed at least five (5) days prior to the hearing. **V.** The hearing officer or either party may request a resolution session when it is practical to do so. This session would take place prior to the hearing; the time span may be from two (2) weeks to just prior to the hearing. This session is advisable although it is not always practical or feasible, due to increased costs, i.e., time travel, and fees. It is the responsibility of the LES to make the necessary arrangements for the resolution session and confirm the arrangements with the hearing officer and the parents. At the resolution session, the hearing officer may require that the Local Early Steps and parents meet and prepare a stipulation (a reduction in writing) identifying the issues and the evidence; or the hearing officer, Local Early Steps and parents might meet to discuss this information. **W.** Upon arrival at the appointed place, the hearing officer may:	

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	1. Check whether all necessary arrangements have been made for the hearing, **2.** Greet participants as they arrive and indicate where they should sit. Usually, Early Steps personnel are seated on one side of a conference table, with the parent group on the opposite side, **3.** Select a seat at one end of the table, and **4.** Have the person recording choose the place s/he has determined to be the best for recording purposes. **X.** Prior to the preparation meeting with witnesses, the LES due process coordinator or the LES attorney should: **1.** Summarize the case in writing, **2.** Discuss any inconsistencies that have been noted in the review of the Early Steps records (e.g., witnesses may be misleading in their own perceptions of the child as compared to what is documented in the child's Early Steps records), and **3.** Instruct witnesses to use the same terms and language as recorded in the Early Steps records; agree on the issues, problems, and concerns; and be consistent in their testimony.	
8.10.22	An impartial hearing officer also implies that the individual: **A.** Has not been previously involved in any decision regarding the child's identification, evaluation or services, **B.** Is accountable for all deadlines and procedures in the statutes and rules concerning due process hearings, **C.** Ensures that all information is disclosed at least five days prior to the hearing, and **D.** Is over the age of majority.	
8.11.0 Right to File a Complaint		
8.11.5	After the written, signed complaint is received by the ESSO in Tallahassee, Florida, the ESSO will: **A.** Determine if the complaint meets the requirements in 8.11.5, **1.** Acknowledge receipt of the complaint with a letter to the complainant and the LES agency, other public agency or service provider that summarizes the issue(s) and includes a statement regarding the refusal of mediation, if the complaint meets the requirements in 8.11.5, and **2.** Notify the complainant in writing of the insufficiency of the complaint if it does not include the requirements in 8.11.5. **B.** The date that the complaint is initially received by the LES or the ESSO begins the 60-calendar daytime limit.	
8.11.6	If the LES is not sure if the content meets the requirements of a complaint as stated in Policy Handbook 8.11.5, then the LES should still send the letter to ESSO for a decision as to whether the content meets the requirements of a complaint.	

Component:8.0 Procedural Safeguards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
8.11.7	The request and acceptance of ongoing mediation when a complaint is filed, in and of itself may not constitute exceptional circumstances to extend the complaint resolution timelines. If the parties do not agree that the complaint resolution timeline should be extended pending completion of mediation, the ESSO will continue activities to resolve the complaint.	
8.11.11	The ESSO has the responsibility to review the preliminary report issued by the investigating team, if one has been appointed, prior to issuing the report to the complainant and other parties. If after the preliminary report is issued, the complainant or other party/parties are not satisfied with the findings of the ESSO, additional information, including the issue(s) in dispute, should be sent in writing to the ESSO within 10 days of receipt of the preliminary report.	Sample Content and Format of Preliminary Report
8.11.12	**A.** If exceptional circumstances exist, such as the need for a legal opinion about a complex allegation, a large number of allegations or extremely complex allegations, the ESSO may extend, for a reasonable period, any timelines set forth in the complaint procedures. The ESSO decision to determine exceptional circumstances and extend for a reasonable period, any timelines set forth in the complaint procedures, will be made on a case-by-case basis. **B.** If the timeline extension is parent-related (e.g., parent requests more time to review preliminary report, parent/child is in hospital, etc.), ESSO should not report this as a missed timeline when reporting dispute resolution data under Part C of IDEA to OSEP. However, when the timeline is missed for administrative reasons, ESSO will report data to OSEP indicating a missed timeline.	Sample Written Decision
8.11.15	The ESSO will inform any affected parties of any findings of non-compliance and ensure that corrective action is implemented to bring about compliance with the Part C of IDEA. The ESSO will ensure that any necessary corrective action resulting from a complaint decision is completed within a reasonable period of time. In order to ensure effective implementation of the final decision, the ESSO will offer appropriate technical assistance activities, mediation, and negotiations, if needed.	

<table>
<tr><th colspan="3">Component:9.0 Family Involvement</th></tr>
<tr><th>Related Policy Component</th><th>Guidance/Procedures</th><th>Reference/Related Documents</th></tr>
<tr><th colspan="3">9.2.0 Family Resource Specialists</th></tr>
<tr><td>9.2.2</td><td>
A. Information and Support
1. Design and implement a local system of family involvement to ensure families receiving services in Early Steps have access to family-to-family support, and training to further their participation in Early Steps.
B. Training
1. Ensure at least one module of A New Star training is available to families each quarter, based on the needs of families throughout the community.
2. Provide training to Early Steps administrators, service coordinators, and providers regarding best practices for working with families within the Early Steps system at least once each contract year, at a minimum, based on the needs of the community.
3. Identify training topics that will assist families in understanding Early Steps.
4. Schedule trainings at convenient times and locations for families.
C. Dissemination of Information
1. Create and distribute a newsletter every quarter for families in the Early Steps system or partner with other local organizations to include information in their newsletters including topics such as LES initiatives, upcoming trainings, networking opportunities, information on the Family Resource Specialists, relevant topics, etc.
2. Assist LES and the ESSO in disseminating materials on Early Steps initiatives.
D. Policy Development/Revisions
1. Participate in the development and revision of policies and procedures within LES.
2. Assist in promoting the statewide public participation process to families.
E. Link With Early Steps State Office
1. Participate on statewide Family Resource Specialists conference calls, teleconferences, trainings, and other statewide activities established for Family Resource Specialists.
2. Develop an annual System of Family Involvement Plan.
3. Submit System of Family Involvement Plan updates as required by the contract.
F. Collaboration/Partnerships
1. Work closely with local and state family organizations, and the community at large, to keep abreast of current topics and initiatives, and share current activities of Family Resource
</td><td></td></tr>
</table>

Component:9.0 Family Involvement		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	Specialists and Early Steps initiatives, thus encouraging collaboration and opportunities for partnerships throughout the community. **2.** Share training events with local Training Coordinator(s) to identify mutual training objectives. **G.** Community Resource Development **1.** Actively research specific information on local supports, enabling the availability of current and accurate information to families, LES and providers. **H.** Service Delivery Evaluation **1.** Facilitate networking opportunities for families at least once per quarter. **2.** Assist in the distribution and coordination of the statewide family survey process. **3.** Assist the Local Early Steps in improving the local family outcome indicator results, response rate, and the identification of strategies for family-centeredness priority questions. **4.** Participate in local quality improvement activities, including the annual quality assurance monitoring and Continuous Improvement Plan (CIP) process. **I.** Family Representation **1.** Meet with LES to discuss feedback received from families, provide recommendations and to plan activities to address the feedback and recommendations of families, on an ongoing basis. **2.** Represent and communicate the voice of families in Early Steps. **3.** Represent the interests of families at community events/forums. **J.** Workgroups/Meetings **1.** Represent the interests of families by participating on workgroups and meetings related to direct supports for families in Early Steps. **2.** Represent the interests of families at community events/forums.	

Component: 10 Personnel Development Standards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
10.1.0 General Requirements		
10.1.1	**A.** ESSO's personnel development system may include: **1.** Training personnel to work in rural and inner-city areas, **2.** Training personnel in the emotional and social development of young children, **3.** Training personnel to support families in participating fully in the development and implementation of the child's IFSP, and **4.** Training personnel using standards that are consistent with early learning personnel development standards funded under the State Advisory Council on Early Childhood Education. **B.** ESSO will develop partnerships to increase training opportunities and strengthen collaborative training efforts. Partners may include: LES, DOE, LEAs, Institutes of Higher Education (IHE), Centers for Autism Related Disorders (CARD), Local Children's Services Councils, Early Head Start, Head Start, Healthy Start, Technical Assistance and Training System (TATS), and others as identified.	
10.1.2	**A.** The ESSO will provide support and technical assistance for the ongoing in-service training of personnel providing early intervention services. **B.** ESSO will disseminate information on training opportunities for early intervention service providers and for families of children with special needs.	
10.2.0 Local Early Steps (LES) Requirements		
10.2.1	**A.** Each LES will disseminate training information to local providers. **B.** Each LES may elect to require additional training beyond the minimum training standards set forth by ESSO. **C.** Each LES will collaborate on training content with the ESSO.	
10.3.0 General Requirements for Provider Application and Approval		
10.3.5	When the LES must use a provider not enrolled in Early Step due to the circumstances described in Policy Handbook 10.3.5, the LES should provide information and assistance to such provider on enrolling in Early Steps.	
10.4.0 Service Coordinator Requirements		
10.4.2	After a service coordinator is hired, the following will occur: **A.** The LES will verify the degree is from an accredited university by checking the following website: http://ope.ed.gov/accreditation/Search.aspx, **1.** The LES will check and complete all attestations on the LES Service Coordinator Attestation Checklist, and **2.** The newly hired service coordinator will apply directly to Medicaid Provider Enrollment using the LES Service Coordinator Attestation Checklist, to become a Medicaid Targeted Case Management Provider. It is highly recommended that an electronic application be sent to expedite approval. Scanned documents can be uploaded with electronic	Medicaid Targeted Case Management Checklist

Component: 10 Personnel Development Standards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	applications and attached. The Medicaid Targeted Case Management checklist may be used to ensure the application includes all required documentation. **B.** It is the LES/provider's responsibility to send the attestation checklist along with their Medicaid Application to Medicaid Provider Enrollment. **C.** After the LES has attested to all items on the LES Service Coordinator Attestation Checklist, the service coordinator's information can be entered into the Early Steps data system.	
10.4.4	**Reserved**	
10.4.5	**A.** At the beginning of the apprenticeship process, the Service Coordinator Self-Assessment may be used as an optional tool to identify knowledge and skills that need to be attained or enhanced during the apprentice-ship. **B.** Apprenticeship activities will be documented on the Early Steps Service Coordinator Apprenticeship Checklist. **C.** The Service Coordinator Apprenticeship Checklist is to be maintained by the LES and may be subject to random audit. **D.** Practicum or internship experiences completed in an LES within the past 18 months, which match those of the apprenticeship, can be applied to the apprenticeship requirements.	
10.4.7	Medicaid allows Medicaid-enrolled targeted case managers to also be the primary service provider for the same child and allows Medicaid billing for both services. Medicaid rules for documentation and billing must be followed.	
10.5.0 Licensed Non-Physician Healthcare Professional (LHCP) Personnel Standards		
10.5.1	**A.** All licensed therapists must follow the supervision requirements of their licensure when serving children under the auspices of the Early Steps system. **B.** Verification Process for Licensed Non-Physician Provider: **1.** Verification of Licensure through the Florida Division of Medical Quality Assurance (MQA); **2.** Pay to/remit information on application is verified through W9 form on file on official IRS website. If discrepancy is found, provider is notified of discrepancy and required to submit W9 Form which concurs with W9 Form on file on the IRS website; **3.** Tax Identification Number (TIN) on application is verified through W9 form on file on official IRS website. If discrepancy is found, provider is notified of discrepancy and required to submit W9 Form which concurs with W9 Form on file on the IRS website; **4.** Verification of the National Provider Number (NPI) is confirmed through our credentialing data base at time of credentialing. Submitted information is verified through the National Plan and	

Component: 10 Personnel Development Standards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	Provider Enumeration System (NPPES). Copy of document is placed in the provider's file; **5.** Review of current curriculum vitae/resume containing previous five-year work history, with explanation of any gaps in employment. Any gaps of three (3) months or more in professional activity or frequent changes in practice will be researched by the credentialing specialist; **6.** Verification of professional liability claim(s) pending or filed in past 5 years verified through the Department of Insurance (DOI) website. Date of occurrence, brief summary of events, present status of claim, and amount paid, if applicable must be included in this submission; **7.** Medicaid and Medicare sanctions within past five (5) years verified through FLMMIS; **8.** Level II Background Screen investigation pursuant to Florida Statute Chapter 435 standards; **9.** Review of Federal Exclusions List.	
10.5.4	The supervising therapist of a therapy assistant is a member of the IFSP team and must sign the IFSP in addition to the therapy assistant.	
10.6.0 Non-Licensed Healthcare Professional Personnel Standards		
10.6.1	**A.** The LES Director/Coordinator will review each provider application for approval using the Early Steps Provider Attestation Checklist. **B.** The LES will maintain a provider file containing the required documentation listed on the Early Steps Provider Attestation Checklist. **C.** The LES will enter the provider's information into the data system.	
10.6.2	The ITDS certification process will be implemented as follows: **A.** The LES Director/Coordinator will review each ITDS certification packet for approval. The ITDS certification packet must include: **1.** ITDS Checklist; **2.** Copy of diploma and/or transcript. The transcript is required for an out-of-field or equivalent degree, or if the copy of the diploma doesn't specify the major. **a.** The LES should verify that the degree requirements, including required university accreditation, are met by checking the following website: https://ope.ed.gov/dapip/#/home. **b.** If the college or university is accredited by an organization and is not listed on the above website, verification of accreditation must be included in the packet. **c.** In order for their degree to be considered equivalent, the applicant must have completed a minimum of 18 credit hours (typically six courses) in one of the fields listed in Florida Medicaid Early Intervention Services Coverage Policy Handbook;	

Component: 10 Personnel Development Standards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	3. Documentation of Professional/Post Degree Experience: **a.** An ITDS applicant with an in-field or equivalent degree must provide documentation of one year of post-degree professional experience in early intervention using the Early Steps Certification of Experience form. **b.** An out-of-field degree must provide documentation of at least five years of post-degree professional experience in early intervention using the Early Steps Certification of Experience form. **c.** Internship or practicum hours which may be used to meet either the education requirement or the experience requirement, but not both; **4.** Documentation of completion of the Early Steps online orientation modules; **5.** Documentation of completion of the ITDS university coursework or ITDS online modules. **a.** The applicant has successfully completed the university ITDS coursework at an approved university as documented by a university letter or transcripts. An applicant who has provided verification from a university stating successful completion of university ITDS coursework will be approved as an ITDS and is not required to take the ITDS online modules. **b.** The LES will compare the transcript and/or catalog coursework description from any out of state university or college to the Florida ITDS requirements, and attest that the applicant's coursework is compatible with that offered in Florida; **6.** The ITDS certificate; and **7.** The Provider Attestation Checklist.	
10.6.3	Either a certified ITDS with at least one year of experience or an enrolled Early Steps provider may serve as the primary mentor for an ITDS mentorship.	Early Steps Mentorship Documentation Form
10.6.4	The ITDS certification process will be implemented as follows: **A.** The LES Director/Coordinator will review each ITDS certification packet for approval. The ITDS certification packet must include: **1.** ITDS Checklist; **2.** Copy of diploma and/or transcript. The transcript is required for an out-of-field or equivalent degree, or if the copy of the diploma doesn't specify the major. **a.** The LES should verify that the degree requirements, including required university accreditation, are met by	

Component: 10 Personnel Development Standards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	checking the following website: https://ope.ed.gov/dapip/#/home. **b.** If the college or university is accredited by an organization and is not listed on the above website, verification of accreditation must be included in the packet. **c.** In order for their degree to be considered equivalent, the applicant must have completed a minimum of 18 credit hours (typically six courses) in one of the fields listed in Florida Medicaid Early Intervention Services Coverage Policy Handbook; **3.** Documentation of Professional/Post Degree Experience: **a.** An ITDS applicant with an in-field or equivalent degree must provide documentation of one year of post-degree professional experience in early intervention using the Early Steps Certification of Experience form. **b.** An out-of-field degree must provide documentation of at least five years of post-degree professional experience in early intervention using the Early Steps Certification of Experience form. **c.** Internship or practicum hours which may be used to meet either the education requirement or the experience requirement, but not both; **4.** Documentation of completion of the Early Steps online orientation modules; **5.** Documentation of completion of the ITDS university coursework or ITDS online modules. **6.** The applicant has successfully completed the university ITDS coursework at an approved university as documented by a university letter or transcripts. An applicant who has provided verification from a university stating successful completion of university ITDS coursework will be approved as an ITDS and is not required to take the ITDS online modules. **7.** The LES will compare the transcript and/or catalog coursework description from any out of state university or college to the Florida ITDS requirements, and attest that the applicant's coursework is compatible with that offered in Florida; **8.** The ITDS certificate; and **9.** The Provider Attestation Checklist.	
10.6.5	Recommended online training sites include the following: **A.** Early Childhood Technical Assistance Center (ECTA)/Events & Learning Opportunities at https://ectacenter.org/events/calendar.asp, **B.** Division of Early Childhood (DEC) at https://www.dec-sped.org/professional-development, **C.** Zero to Three at https://www.zerotothree.org/learningcenter,	

Component: 10 Personnel Development Standards		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	D. National Association for the Education of Young Children (NAEYC) at https://www.naeyc.org/resources/pd, **E.** Florida Office of Early Learning at http://www.floridaearlylearning.com/providers/professional-development, **F.** Florida State University Center for Prevention and Early Intervention Policy (CPEIP) at https://cpeip.fsu.edu/, and **G.** Florida Maternal infant & Early Childhood Home Visiting Initiative at https://www.flmiechv.com/for-programs/professional-development/training/.	

Component:11.0 Interagency Agreements		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
11.1.0 Coordination with Programs Serving Infants and Toddlers		
11.1.1	Written interagency agreements should include the following components: **A.** Description of involved agencies - including services they provide and geographic areas they cover, **B.** Requirements impacting the agreement - including federal/state legislation, state rules, and individual agency requirements, **C.** Definition of terms and acronyms, **D.** Purpose of Agreement, **E.** Roles and responsibilities, **F.** Shared resources, **G.** Responsibility for payment of services, **H.** Timelines, **I.** How, when, and by whom the agreements will be updated, **J.** Dated signatures of appropriate representatives, **K.** Dispute resolution process, **L.** Information on referral process between agencies, **M.** Guidelines with respect to confidentiality and for sharing and transmitting information about families, and **N.** Additional components necessary to ensure effective cooperation and coordination among all involved agencies.	
11.2.0 State Level Agreements		
11.2.1	**A.** An original signed copy of all state level agreements will be maintained by the Early Steps State Office. **B.** When a state level agreement is newly signed or amended, copies will be distributed to those persons, agencies and programs directly affected by the interagency agreement so that they will have a working knowledge of the contents and requirements within. **C.** State level agreements will be posted on the Early Steps website. **D.** The Early Steps State Office will assist Local Early Steps programs in negotiating agreements with Managed Care Plans in their service areas in the following ways: **1.** Engage in ongoing communications with the Agency for Health Care Administration Medicaid Program administrators regarding challenges and barriers faced by Local Early Steps programs, **2.** Provide state-level education of Managed Care organization leadership regarding Early Steps federal requirements and service approach, and **3.** Facilitate sharing of effective practices among Local Early Steps programs.	

Related Policy Component	Guidance/Procedures	Reference/Related Documents
12.5.0 Early Steps Record		
12.5.1	**B.** LES may use the Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records. **C.** If LES choose to use the Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records, the following actions should be taken by the LES: **1.** Distribute the *Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records* to all LES staff and instruct staff to: **a.** Write out words/phrases rather than using abbreviations/acronyms in documents that are routinely shared with families, providers, and others (i.e. IFSPs). **b.** Use approved abbreviations/acronyms rather than writing out words/phrases in documents that are primarily kept within the LES (i.e. case notes). **c.** Use abbreviations/acronyms exactly as listed on the approved list. **d.** Use only the abbreviations/acronyms that appear on the list, or other locally recognized abbreviations/acronyms for local agencies or public places that do not conflict with or duplicate those that are listed on the *Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records* document. **2.** Ensure that a legend of any locally recognized abbreviations/acronyms used is kept in the Early Steps record so that reviewers, auditors, families, or others will be able to understand what is written in the Early Steps record. **3.** Ensure that hard copy of the *Early Steps Abbreviations/Acronyms Approved for Use in Early Steps Records* document is kept in each child's Early Steps record so that reviewers, auditors, families, or others will be able to understand what is written in the Early Steps record. **D.** The Early Steps record may exist in electronic format if it is: **1.** Saved securely in an electronic filing system. **2.** Easily accessible upon request. **E.** The Early Steps record should be in the following format with all items in chronological order per section with the most recent items on top: **1.** Front of Record: Log of Access to Confidential Record: **a.** Form DH-CMS 1063 , Log of Access to Confidential Record **2.** Section 1: Notes/Service Implementation: **a.** Service Coordination/Targeted Case Management Notes **b.** Documentation of the substance of all contacts with or related to the child/family including telephone contacts, home visits, office visits, meetings, emails, and etc. **3.** Section 2: Intake/Referral:	Early Steps Abbreviations/ Acronyms Approved for Use in Early Steps Records

<table>
<tr><th colspan="3">Component: 12.0 Data Collection/Reporting and Record Keeping</th></tr>
<tr><th>Related Policy Component</th><th>Guidance/Procedures</th><th>Reference/Related Documents</th></tr>
<tr><td></td><td>
a. Referral form
b. Intake forms
c. Enrollment information
4. Section 3: Medical: (This section primarily includes collateral information obtained from medical providers outside Early Steps.)
a. Medical Progress notes
b. Nursing notes
c. Physical examination reports
d. Growth charts
e. Discharge summaries
f. Birth history/delivery records
g. Radiology/Laboratory reports
h. CMAT medical information
5. Section 4: Evaluation/Assessment/Eligibility:
a. Evaluation and assessment reports
b. Evaluation and assessment protocols
c. Collateral information/reports used for eligibility determination
d. Therapy prescriptions and care plans (Physical Therapy - filed together, Occupational Therapy - filed together, Speech Therapy - filed together)
e. Hearing screens and evaluations
f. Vision screening information
g. Progress reports generated by service providers (therapy, special instructions)
6. Section 5: Individualized Family Support Plan:
a. Individualized Family Support Plans and updates
7. Section 6: Consent/Legal:
a. Release of Confidential Information and Consent to Bill
b. Court documents (custody orders, treatment orders, etc.)
c. Informed Notice and Consent for Screening Evaluation, Assessment and Follow-Up Review
d. Permission to video/photograph, if appropriate
8. Section 7: Financial/Data:
a. Documentation of Insurance/Medicaid
b. Medicaid eligibility information
c. Service/payment authorization, when applicable
d. Invoices and billing information (may be in a separate child-specific file)
e. Early Steps data forms - not required (Interventions/Appointments/Referrals)
9. Section 8: Correspondence/Miscellaneous:
a. Prior Written Notice forms
</td><td></td></tr>
</table>

Component: 12.0 Data Collection/Reporting and Record Keeping		
Related Policy Component	**Guidance/Procedures**	**Reference/Related Documents**
	b. Copies of correspondence sent out by Early Steps, record requests, notification of meetings/ appointments/missed appointments, referrals to services (to implement Individualized Family Support Plan or for transition from Early Steps) **c.** Copies of correspondence received by Early Steps: responses to referrals, requests for information, etc.	
12.5.2	There may be limited items in the Early Steps record for children for whom contact is not successful, eligibility is never determined, or an IFSP is never developed.	
12.5.3	Progress reports summarize the services provided during a reporting period. Service documentation describing each encounter and service provided to an Early Steps child or family member are different from progress reports.	
12.7.0 Data Reporting Requirements - ESSO to U.S. DOE/OSEP		
12.7.1	**A.** ESSO will report on the number of infants and toddlers, ages birth through 2 (children who have not yet reached their third birthday), and their families receiving early intervention services under IDEA, Part C according to an individualized family service plan (IFSP) in place on a specific date. **B.** ESSO will report on the number of infants and toddlers with disabilities, ages birth through age 2, who exited IDEA, Part C services during a 12-month reporting period. All children who reached their third birthday while still receiving IDEA, Part C services should also be reported as exits. Only infants and toddlers who had an active individualized family service plan (IFSP) in place at some time during the State-determined 12-month reporting period are to be reported.	

Definitions		
Term	**Definition**	**Reference/Related Documents**
Activity Settings	The everyday family and community experiences, events, and situations that provide learning opportunities for children and have development-enhancing (or development-impeding) qualities and consequences. Examples of family activity settings may include bath time, eating, and play activities. Community activity settings may include childcare, playground, and swimming.	
Agency for Health Care Administration	The entity responsible for administration of Florida's Medicaid program and the lead agency designated to oversee payments for medical assistance and related services under Title XIX of the Social Security Act.	
Amplification	A hearing instrument worn by a person with diagnosed hearing loss that make sounds louder. Hearing instruments (hearing aids) are set specifically for individual hearing losses and couple to ears by custom-made ear molds. Analog or linear, programmable, and digital hearing instruments may be appropriate.	
Annual Review Evaluation of the IFSP	A face-to-face annual review of a child's development in all domains, including review of existing evaluations and assessments from community providers and a determination of continuing eligibility. The IFSP team will review the success and appropriateness of the services authorized on the IFSP and considers revision(s) of the Individualized Family Support Plan as needed and agreed upon by the Individualized Family Support Plan Team. At a minimum, the family, service coordinator and at least one other professional member of the team must attend. IDEA Part C refers to this review as an annual evaluation of the IFSP.	
Arena-Style Assessment	A planned observation process which typically involves a facilitator, who serves as the primary contact with the child and family during the assessment process; another team member who may serve as a coach to support the facilitator, provide cues for missed items, or reflect on what could be done to enhance the assessment; and may involve one or more observers who serve as	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	the multidisciplinary "eyes and ears" if expertise from more than two backgrounds and training is necessary. The family participates as additional observers, and contributors (Berman & Shaw, 1996). This approach allows team members to be involved in planning the assessment and observing the child in the assessment setting. The child interacts with just one adult rather than all members of the assessment team. Arena assessment allows for an interactive and integrated process across domains to get a holistic picture of the child.	
Articulation disorder	A disorder characterized by the inaccurate production of sounds past the age at which correct production should occur.	
Assessment	The ongoing multidisciplinary procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify the child's unique strengths and needs and the services appropriate to meet those needs. An initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.	34 CFR §303.321 34 CFR§303.321 (a)(1)(ii)(1)
Assistive Technology Device	Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.	34 CFR§303.13(d)(1)
Assistive Technology Service	A service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device including: i. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment. (Assistive Technology Evaluation Code ASTE, Augmentative Communication Evaluation Code AGCM)	34 CFR§303.13(d)(1)

Definitions		
Term	**Definition**	**Reference/Related Documents**
	ii. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities. iii. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices. iv. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs. v. Training or technical assistance for a child with disabilities or, if appropriate, that child's family. vi. Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.	
Audiology	Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures. 1. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment. 2. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services. 3. Provision of services for prevention of hearing loss; and 4. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.	
Audiological Evaluation	Diagnostic tests performed by an audiologist to determine if hearing loss is present.	
Audiological Screening	Tests that screen for hearing ability by introducing specified amounts of sound into an individual’s ears with the purpose of receiving either an objective (ABR or OAE) or a behavioral response. Persons	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	receiving an audiological screening either “pass” or “fail” in one or both ears. Individuals who fail audiological screening require an evaluation by an audiologist to diagnose if hearing loss is present.	
Authorized Representative	Any entity or individual designated by ESSO or a LES identified to conduct any audit, evaluation, or compliance or enforcement activity in connection with Part C of IDEA requirements.	(FERPA) 34 CFR §99
CAPTA	Federal legislation providing guidance to states by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as, at minimum: "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or "An act or failure to act which presents an imminent risk of serious harm."	Child Abuse Prevention and Treatment Act, Sec. 106(b)(2)(B)(xxi), pg. 32
Caregiver	An individual that provides ongoing care to a child such as a childcare provider, nanny, grandparent, or other family member.	
CASE	The taxonomy code used in the early intervention data system for service coordination activity that does not meet the Medicaid description for Targeted Case Management.	
Central Directory	A statewide system for providing resource and referral information to families of infants and toddlers who have disabilities or are at risk of developmental delay, as well as professionals and paraprofessionals serving the population.	
Child Find	A system required by Part C of the IDEA that ensures that infants and toddlers in the state who are eligible for services under IDEA, Part C are identified, located, and evaluated, including an effective method to determine which children are receiving needed early intervention services. The child find system under IDEA, Part C must be coordinated with all other major efforts conducted by the State to locate and identify children such as	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	the Florida Diagnostic and Learning Resources System (FDLRS) system under Part B, Head Start, Maternal and Child Health Programs and Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) programs.	
Child Outcomes Summary (COS)	The Child Outcomes Summary (COS) summarizes information on a child's functioning in each of the three child outcome areas using a 7-point scale. With the COS process, a team of individuals who are familiar with a child (including parents) can consider multiple sources of information about his/her functioning, including parent/provider observation and results from direct assessment	
Children's Medical Services Plan	Florida's Children's Medical Services Managed Care Plan (CMS Plan) provides children with special health care needs a family-centered, comprehensive, and coordinated system of care. The CMS Plan is designed to serve children under age 21 whose serious or chronic physical or developmental conditions require extensive preventive and ongoing care.	
Children's Registry and Information System (CHRIS)	A data management and service coordination system, coordinated through the Florida Diagnostic and Learning Resources System (FDLRS) Network, for children, birth through age six, to assist local school districts in the educational planning of service needs.	
Coaching	An interactive process of observation and reflection in which the coach promotes the other person's ability to support the child in being and doing. Coaching assists persons who are identified as being significant in the child's life, and who the child wants and needs to be with and doing what he or she wants and needs to do (Shelden & Rush, 2001).	
Community Partners	Local interagency councils, community groups, early intervention service providers, local governmental agencies, corporations, and other organizations that are involved with or interested in services for infants and toddlers and their families.	

Definitions		
Term	**Definition**	**Reference/Related Documents**
Consent	**A.** The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication. **B.** The parent understands and agrees in writing to the carrying out of the activity for which consent is sought and the consent describes that activity and lists the records (if any) that will be released and to whom. **C.** The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time, however consent revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).	34 CFR §303.7
Consultation	A process in which direct service providers on the child's IFSP team meet together to share content expertise in a specific area or discuss evidence-based practice related to the implementation of strategies to achieve outcomes on the individualized family support plan (IFSP). Consultation may be via telephone contact or face-to-face meeting. The family is informed of and participates in consultation at the level desired.	34 CFR §303.12(b)(3)
Continuous Improvement Plan	A document that contains written actions for each program standard which was determined to be out of compliance during the annual Early Steps Quality Assurance Review Process.	
Co-payment	A specified dollar amount an insured person must pay for covered health care services. The insured person pays this amount to the provider at the time of service.	
Criteria	Standards on which a judgment or decision may be based.	
Criteria/ Procedures	Standards which measure the degree to which progress toward achieving outcomes is being made and whether modifications or revisions of the outcomes or services are necessary.	
Cultural Competence	A set of values, behaviors, attitudes, and practices within a system, organization, and program or among individuals and which enables them to work	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, inter-personal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services.	
Curriculum-based	A curriculum-based test identifies a child's ability to perform functional skills within a developmental sequence. Curriculum-based assessment uses developmental landmarks or expectancies as potential instructional goals and objectives.	
Data	Information in a form suitable for processing by a computer, which is organized for analysis and used as the basis for management and decision-making.	
Deductible	The amount that must be paid out-of-pocket before an insurance company pays its share. Usually, the higher the deductible; the lower the premium.	
Department of Education	The federally recognized State Education Agency (SEA) is responsible for the administration and oversight of IDEA Part B specially designed instruction and related services - and in Florida, this agency is the Florida Department of Education. The Florida Department of Education is primarily responsible for the state supervision of public elementary schools and secondary schools in Florida.	34 CFR §303.36
Deposition	A deposition is the testimony of a witness taken prior to a hearing.	
Destruction	Physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.	34 CFR §300.403 (a)
Developmental Screening	A brief assessment procedure designed to identify infants and toddlers who may have a developmental concern and need more intensive diagnostic or assessment activities. A screening may also provide helpful information to the evaluation and assessment team.	
Developmental Surveillance	The ongoing process of observing a child's development and tracking parents' concerns.	

Definitions		
Term	**Definition**	**Reference/Related Documents**
Direct Supervision	The supervising professional is physically present and immediately available in person, virtually or via electronic means throughout the time services are being provided to direct and supervise tasks in the service setting.	
Discipline	A profession or vocation regulated by the State of Florida, Department of Health, Medical Quality Assurance.	
Division of Children's Medical Services	Division within the Florida Department of Health that provides essential preventive, evaluative, and early intervention services for children at risk for or having special health care needs, to prevent or reduce long-term disabilities.	391.016(2), F.S.
Durable Medical Equipment	Durable Medical Equipment (DME) is defined as medically necessary equipment that can withstand repeated use, serves a medical purpose, and is appropriate for use in the recipient's home as determined by the Agency for Health Care Administration (AHCA).	
Duration	Duration means the period during which a service persists, specifying the start date and end date (e.g., 3 months – May 1, 2009 through August 1, 2009). Duration is stated in specific and measurable terms projecting when a given service will no longer be provided (such as when the child is expected to achieve the results or outcomes in his or her IFSP).	34 CFR 303.344(d)(2)(iv)
Early Childhood Education	Service provided to a child who requires socialization opportunities in structured early care and education setting to achieve specific IFSP outcomes, when no other opportunity exists as a part of everyday routines, activities, and places or other community programs	
Early Intervention Services	Services that are designed to meet the developmental needs of an eligible child and their family as stated in the Individualized Family Support Plan and provided under public supervision by qualified personnel through private and public resources.	34 CFR 303.13

Definitions		
Term	**Definition**	**Reference/Related Documents**
Early Intervention Session	A face-to-face visit within the natural environment, with a child and the child's parent(s) or legal guardian(s), family member(s), or caregiver(s) to assist the family / caregiver of an infant or toddler with a delay in development or a disability in understanding the special needs of the child and foster the child's' optimal individual growth and development. During the session, the provider uses coaching as the key intervention strategy to build the capacity of parents and other care providers to use everyday learning opportunities to promote child development.	
Early Steps	A comprehensive, multidisciplinary, community-based, family-focused system that provides a coordinated system of early intervention services for infants and toddlers with a developmental delay or an established condition which may result in a delay. This umbrella program has three components: The Developmental, Evaluation and Intervention (DEI) Program, the IDEA, Part C Program, and services provided under Chapter 393, Florida Statutes, for children, birth to 36 months.	
Early Steps Record	Any information recorded in any way, including, but not limited to, handwriting, print, computer media, video or audio tape, film, microfilm, and microfiche. As used in policy, record refers to any recorded information related to screening, evaluation and assessment, eligibility determination, development and implementation of the Individualized Family Support Plan, provision of services, individual complaints dealing with the child, and any other area under IDEA, Part C related to the child or the child's family. It also refers to the documentation of provider qualifications. The Early Steps record consists of both what is maintained by the LES and what is maintained by providers.	34 CFR §99.3 34 CFR 303.403 (b)
Early Steps State Office (ESSO)	A bureau under Children's Medical Services within the Florida Department of Health that oversees a statewide, coordinated system of early intervention	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	services for infants and toddlers with developmental delays or established conditions.	
Established Condition	A diagnosed physical or mental condition that has a high probability of resulting in disability or developmental delay.	34 CFR §303.21(a)(2)
Evaluation	The multidisciplinary procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for Early Steps, consistent with the definition of “infants and toddlers with disabilities” in §303.21, including determining the status of the child in each of the developmental areas in 34 CFR §303.21(a)(1). An initial evaluation refers to the child’s evaluation to determine his or her initial eligibility.	34 CFR §303.21
Evaluation & Assessment Team	A group consisting of at least two (2) professionals from two different disciplines who collect and synthesize information from those who are familiar with the child, as well as gathering new information using appropriate tools and procedures for the purpose of identifying the child’s strengths, needs, and making recommendations for support and services to meet those needs. The team must be multidisciplinary having specialists available, as appropriate, to address the individualized needs of infants and toddlers served.	
Everyday Routines, Activities, Places (ERAP)	Routines that are customarily a part of families’ day (e.g., mealtime, bath time, playtime, car rides, nap time). Activities a family does with their infant or toddler on a regular basis (e.g., going for a walk, feeding ducks at the park, playgroups, shopping, story time at the library). And places where families and children participate on a regular basis (e.g., home, childcare, neighborhood, library, park, and store).	
Exclusive Provider Organizations (EPOs)	In an EPO arrangement, an insurance company contracts with hospitals or specific providers. Insured members must use the contracted hospitals or providers to receive benefits from these plans.	

Definitions		
Term	**Definition**	**Reference/Related Documents**
ex parte **court order**	A court order made or undertaken on behalf of only one of the parties involved in a court case.	
Face-to-Face	Meeting or event in which parties may participate in person or by virtual or remote methods as necessary to meet the individualized needs of the child and family.	
Family	For the purpose of Early Steps, anyone who has an integral role in the care and rearing of the child which includes: parents, siblings, grandparents, stepparents, and other family members such as aunts, cousins, or other primary caregivers, e.g., foster parents or others as identified by the family.	
Family Assessment	An assessment of the family's routines, concerns, resources, and priorities that is based on information provided by the family through personal interview. The assessment is conducted by qualified personnel. Family assessments under this part must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.	34 CFR §303.321(c)(2) 34 CFR §303.321(a)(1)(ii)(2)
Family Training, Counseling, and Home Visits	Services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.	34 CFR §303.13(b)
Family Resource Specialist	Individuals employed by the Local Early Steps who assist families of children in the early intervention system by providing information, support, and training, and serve as a community link to family centered efforts and activities. All Family Resource Specialists are family members of a child who received or would have been eligible for early intervention services.	
First Contacts	This is the phase of the Early Steps process that occurs between referral and the initial evaluation/assessment, i.e., the first 44 days of a family's involvement with Early Steps. The purpose	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	of the First Contacts process is to gather information about the child and family in preparation for the evaluation and assessment and provide the family with information about Early Steps.	
Florida Diagnostic and Learning Resources System (FDLRS)	A student support system responsible for the location and identification of children who may be eligible for IDEA services (Child Find). FDLRS also provides public awareness, screening, in-service training, technology, and parent services as a support for school districts, families and community organizations that serve children with disabilities, birth through twenty-one years of age.	
Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)	A council that advises the Early Steps State Office in the implement of a statewide system - coordinated, comprehensive, multidisciplinary interagency programs providing early intervention services to infants and toddlers with disabilities and developmental delays. FICCIT consists of members who are appointed by the Governor and represent the population of the state.	
Foster Parent	A person in a parental relationship to a child, or any person exercising supervisory authority over a child in place of the parent. A foster parent is not considered an agency employee solely because payment is received for a child cared for in the foster home. Foster parents serve as "parent" to students with disabilities in educational matters. If a child lives with a foster parent who is also an employee of the school district, the foster parent continues to represent the child's educational interest as a parent; no surrogate parent is required.	Section 1000.21(5), Florida Statutes
Free appropriate public education (FAPE)	Special education and related services that- **A.** Are provided at public expense, under public supervision and direction, and without charge; **B.** Meet the standards of the State educational agency (SEA), including the requirements of Part B of the Act;	34 CFR §303.15

Definitions		
Term	**Definition**	**Reference/Related Documents**
	C. Include an appropriate preschool, elementary school, or secondary school education in the State involved; and **D.** Are provided in conformity with an individualized education program (IEP) that meets the requirements of 34 CFR 300.320 through 300.324.	
Frequency	Frequency means how often or the number of days or sessions that a service will be provided, whether the service is provided on an individual or group basis. Frequency is stated in specific and measurable terms.	34 CFR §303.344(2)(i)
Fundraising	The process of soliciting and gathering voluntary contributions of money or other resources by requesting donations from individuals, businesses, charitable foundations, or governmental agencies.	
Health Flexible Spending Arrangement (FSA)	A health FSA allows employees to be reimbursed for medical expenses. FSAs are usually funded through voluntary salary reduction agreements with an individual's employer. No employment or federal income taxes are deducted from the contribution. The employer may also contribute. Health FSAs are employer-established benefit plans. These may be offered in conjunction with other employer-provided benefits. Employers have complete flexibility to offer various combinations of benefits in designing their plan. An individual does not have to be covered under any other health care plan to participate. Self-employed persons are not eligible for an FSA.	
Health Reimbursement Arrangement (HRA)	A health HRA must be funded solely by an employer. The contribution cannot be paid through a voluntary salary reduction agreement on the part of an employee. Employees are reimbursed tax free for qualified medical expenses up to a maximum dollar amount for a coverage period. An HRA may be offered with other health plans, including FSAs.	
Health Savings Account (HSA)	A health savings account is a tax-exempt trust or custodial account set up with a qualified HSA trustee to pay or reimburse certain medical	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	expenses. To be eligible and qualify for an HSA, an individual must be covered under a high deductible health plan (HDHP) on the first day of the month. The eligible individual must have no other health coverage except the following: liabilities incurred under workers' compensation laws, tort liabilities, or liabilities related to ownership or use of property; coverage for a specific disease or illness; coverage for a fixed amount per day (or other period) of hospitalization. Coverage for accidents, disability, dental care, vision care, and long-term care is also allowed. The eligible individual must not be enrolled in Medicare and cannot be claimed as a dependent on someone else's tax return.	
Health Services	Services necessary to enable a child to benefit from the other early intervention services during the time that the child is receiving the other early intervention services. The term includes: **A.** Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services. The term does not include the following: **A.** Services that are— **1.** Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or **2.** Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose). **3.** Devices necessary to control or treat a medical condition. **4.** Medical-health services (such as immunizations and regular `well-baby'' care)	34 CFR §303.16

Definitions		
Term	**Definition**	**Reference/Related Documents**
	that are routinely recommended for all children.	
High Deductible Health Plan (HDHP)	A high deductible health plan (HDHP) has a higher annual deductible than typical health plans and a maximum limit on the sum of the annual deductible and out-of-pocket medical expenses that must be paid for covered expenses. Out-of-pocket expenses include copayments and other amounts, but do not include premiums.	
Homeless	Homeless children and youth meet the definition of homeless children in the McKinney-Vento Homeless Assistance Act and includes individuals who lack a fixed, regular, and adequate nighttime residence including those who are: sharing the housing of other persons due to loss of housing or economic hardship or a similar reason; living in motels, hotels, trailer parks, or camping grounds, due to the lack of alternative adequate accommodations, or are living in emergency or transitional shelters, or abandoned in hospitals, or are awaiting foster care placement; who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a sleeping accommodation for human beings; living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and migratory children who qualify as homeless as defined above.	20 U.S.C. §1402(11) 34 CFR §303.17
Individual Educational Plan (IEP)	A written plan that describes the specially designed instruction and related services which will be provided to that student. Used by local school districts.	Rule 6A-6.03028, Florida Administrative Code
Individualized Family Support Plan (IFSP)	A written plan for providing early intervention services to an infant or toddler with a disability under Part C of the IDEA and the infant's or toddler's family.	34 CFR§303.20
Individualized Family Support Plan (IFSP) Process	A family-centered planning process based on evaluation and assessment involving the family, evaluators, the service coordinator, service providers and others, which results in a written plan of early intervention services to meet the identified	34 CFR§303.20

Definitions		
Term	**Definition**	**Reference/Related Documents**
	outcomes for an individual child and family. IFSP services are implemented as soon as possible once parental consent is obtained.	
Individualized Family Support Plan (IFSP) Team	A group consisting of the family, the service coordinator, and at least two (2) professionals from two different disciplines who have been or are currently involved in the assessment or provision of services to the child. A childcare provider, home visitor, healthcare provider, and others providing services to the child and family are considered a member of the IFSP team and will be involved at the level the family desires. In addition, the team can add specialists as appropriate, to address the individualized needs of infants and toddlers served. The IFSP Team works with the family to assess the functional status of the child, the priorities, concerns and resources of the child and family, develop the initial Individualized Family Support Plan, assist in the implementation and review of progress toward achievement of identified outcomes, makes modifications to the IFSP when appropriate, and assists in developing transition plans when appropriate.	
Individuals with Disabilities Education Act (IDEA), Part B	A federal program that requires states to provide free appropriate public education in the least restrictive environment to students with disabilities from age three through twenty-one. Eligibility criteria are mandated through federal and state regulations, and services are supported with public funds. Also see Pre-kindergarten Program for Children with Disabilities.	
Individuals with Disabilities Education Act (IDEA), Part C	A federal program that states participate in voluntarily, that requires states to provide a statewide, community based, comprehensive, coordinated, family-focused, multidisciplinary, interagency program of early intervention services for infants and toddlers, birth to age three, with established conditions or developmental delays and their families.	34 CFR §303.1
Infant and Toddler Developmental Specialist (ITDS)	A highly qualified, non-licensed provider, in early childhood intervention and a practitioner of early intervention sessions for infants and toddlers with	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	special health care needs, developmental disabilities, and / or developmental delays and their families. The ITDS attends to all areas of early childhood development and understands the ways in which children integrate skills across domains. In addition, the ITDS works in a leadership role to assess, plan, provide, coordinate and evaluate early intervention strategies and provides support to minimize or reduce the impact of the child's delay or disability.	
Informed Clinical Opinion	The use of both quantitative and qualitative information that has been gathered about a child to assist in making a determination regarding the child's developmental status. Informed clinical opinion makes use of multiple sources of information, such as parent input, medical records, and other information that has been gathered about a child. Informed clinical opinion is always the consensus of the multidisciplinary team, and not the judgment of only one member.	
Initial Contact	The initial contact (most often a telephone call) is to occur within 5 calendar days of the referral. This is the first time an LES representative makes contact with the family to inform them that a referral has been received and advise them of next steps in the process.	
Intensity	The number of days or sessions that a service will be provided (frequency) and whether the service is provided on an individual or group basis. Intensity is stated in specific and measurable terms.	34 CFR §303.344 (d)(2)(i)
Interagency Agreement	A written document, which outlines roles and responsibilities of collaborative, interagency community groups that have the charge and authority to make decisions and define mandates regarding policies and procedures for infants, young children, and their families.	
Interim Individualized Family Support Plan	A plan used in unique situations to serve as the vehicle for authorizing the initiation of early intervention services prior to the completion of evaluations, determination of eligibility and the	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	development of the initial Individualized Family Support Plan.	
Justification	A reason that constitutes sufficient grounds, proof that an action is just or valid; a reasonable explanation.	
Length	The length of time the service is provided during each session of that service (such as an hour or other specified time period).	34 CFR §303.344(d)(2)(iii)
Licensed Health Care Professional	A licensed practitioner of the healing arts who practices a discipline that is regulated by the Florida Statutes and licensed by the Department of Professional Regulation.	
Local Early Steps (LES) Office	The local organization that contracts with Department of Health, Children's Medical Services to ensure provision of early intervention services in a designated geographic area and is responsible to fulfill federal, state and local policies in the implementation of services.	391.302(6), F.S.
LEA/school district	The Local Educational Agency is the local school district in which the child resides, which is responsible for the provision of Part B specially designed instruction and related services and has the option of serving infants and toddlers with an established condition or developmental delay, birth to age three, as an ES provider. In Florida, counties are equivalent with the school districts.	34 CFR §303.23
Location	The actual place or places where a service will be provided.	34 CFR§303.344(2)(i)
Managed Care Plan	Managed Medical Assistance (MMA) or Long-Term Care (LTC) Plan under contract with the Agency for Health Care Administration to provide services in Medicaid.	409.962, F.S.
Medicaid	The medical assistance program authorized by Title XIX of the Social Security Act to provide services through the fee-for-service and/or managed care delivery systems.	409.901- 409.920, F.S.
Medicaid Fee-for-Service	The mode by which providers who are enrolled in Florida Medicaid receive reimbursement for	409.973, F.S.

Definitions		
Term	**Definition**	**Reference/Related Documents**
	Medicaid covered services rendered to recipients who are not enrolled in a managed care plan.	
Medical Services	Services that are for diagnostic or evaluation purposes provided by a licensed physician to determine a child's developmental status and need for early intervention services.	34 CFR§303.13(d)(5)
Medical Savings Account	A Medical Savings Account (MSA) refers to an medical savings account program in which tax-deferred deposits can be made for medical expenses. Withdrawals from the MSA are tax-free if used to pay for qualified medical expenses. The MSA must be coupled with a high-deductible health plan (HDHP).	
Medically Necessary or Medical Necessity	"Medically necessary" or "medical necessity" means that the medical or allied care, goods, or services furnished or ordered must: **A.** Meet the following conditions: **1.** Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain; **2.** Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs; **3.** Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational; **4.** Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available; statewide; and **5.** Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider. **B.** The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services, does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.	

Definitions		
Term	**Definition**	**Reference/Related Documents**
Method/ Method of Delivery	Method means how a service is provided. Method may include, training/education activities, providing resource material, modifying the environment, positioning, equipment, coaching/consulting among providers/family, exploring/identifying options, planning, teaching, supporting, etc.	
Multidisciplinary	The involvement of two or more separate disciplines or professions with respect to–- **A.** Evaluation of the child and assessments of the child and family which is conducted by two or more individuals from separate disciplines or professions. **B.** The IFSP Team must include the involvement of the parent and two or more individuals from separate disciplines or professions, and one of these individuals must be the service coordinator.	34 CFR §303.24 Policy Handbook 3.4.8
Native Language	The language or mode of communication normally used by a person, or in the case of a child, the language used by the parents or caregiver(s) of the child, except for the purposes of evaluation and assessment, the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment. Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, Braille, or oral communication).	34 CFR§303.25
Natural Environments	The day-to-day routines, activities and places that promote learning opportunities for an individual child and family. This means settings, including home and community settings, that are natural or typical for the child's age peers who have no disabilities.	34 CFR §303.26
Neonatal Abstinence Syndrome (NAS)	Neonatal Abstinence Syndrome (NAS) occurs in a newborn who was exposed to addictive opiate drugs while in the mother's womb. The most	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	common opiate drugs that are associated with NAS are heroin, codeine, oxycodone (oxycontin), methadone and buprenorphine.	
Norm Referenced	A norm referenced test is one that has been given to a large number of children intended to be representative of the general population that then defines how average or "typically-developing" children score. A score on this type of tests permits comparison between a child's performance and the performance of a group of children of similar age.	
Notification	For all children enrolled in Early Steps, without regard to reason for eligibility, the LES provides the following information to the Department of Education (SEA) and the local school district for Child Find Purposes only: child’s name, child’s date of birth, parent(s) name(s), and parent contact information.	
Nursing Services	**A.** The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems; **B.** Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and **C.** Administration of medications, treatments, and regimens prescribed by a licensed physician.	34 CFR§303.13(d)(6)
Nutrition Services	Includes: **A.** Conducting individual assessments in— **1.** Nutritional history and dietary intake; **2.** Anthropometric, biochemical, and clinical variables; **3.** Feeding skills and feeding problems; and **4.** Food habits and food preferences; **B.** Developing and monitoring appropriate plans to address the nutritional needs of children eligible; and **C.** Making referrals to appropriate community resources to carry out nutrition goals.	34 CFR §303.13(d)(7)

Definitions		
Term	**Definition**	**Reference/Related Documents**
Occupational Therapy	Services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include: **A.** Identification, assessment, and intervention; **B.** Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and **C.** Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.	34 CFR§303.13(d)(8)
Opt-out	A process by which parents of a child served under IDEA, Part C may object in writing to notification to the Department of Education (SEA) and the local school district (LEA), after being informed that notification will occur in the absence of objection by the parent.	
Outcomes	A statement of change that a family wants to see for their child or family as a result of their involvement in Early Steps.	
Paraprofessional	A trained person who serves as an assistant or aide to a certified or licensed professional.	
Parent	A "parent" means: **A.** a biological, adoptive or foster parent of a child (unless a foster parent is prohibited by State law from serving as a parent); **B.** a guardian (but not the State if the child is a ward of the State); **C.** an individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare; or **D.** except as used in IDEA sections 615(b)(2) and 639(a)(5), an individual assigned under either of those sections to be a surrogate parent.	20 U.S.C. §1402(23) 34 CFR §303.27

Definitions		
Term	**Definition**	**Reference/Related Documents**
Personally Identifiable Information	Personally identifiable information includes: **A.** The name of the child, the child's parent, or other family member; **B.** The address of the child; **C.** A personal identifier, such as the child's or parent's social security number; or **D.** A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.	34 CFR §303.29 34 CFR §99.3
Physical Therapy	Services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include: **A.** Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction; **B.** Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and **C.** Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.	34 CFR§303.13(d)(9)
Placement	Entails the service setting and location.	
Plan of Care (POC)	A comprehensive and individualized written plan for implementation of Early Intervention Services and Therapy Services for an eligible child and the child's family enrolled in Early Steps.	
Point of Service Plan (POS)	In a POS plan, insured members may choose, at the point of service, whether to receive care from a physician within the plan’s network or to go out of the network for services. The POS plan provides less coverage for health care expenses provided outside the network than for expenses incurred within the network. Also, the POS plan will usually require insured members to pay deductibles and	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	coinsurance costs for medical care received out of network.	
Preferred Provider Organizations (PPOs)	PPOs offer a provider network to meet the health care needs of insured individuals. A traditional insurance carrier provides the health benefits. An insurer contracts with a group of health care providers to control the cost of providing benefits to insured individuals. These providers charge lower-than-usual fees because they require prompt payment and serve a greater number of patients. Insured individuals usually choose who will provide their health care, but pay less in coinsurance with a preferred provider than with a non-preferred provider.	
Prekindergarten Program for Children with Disabilities	The Prekindergarten Program for Children with Disabilities (the preschool component of Part B in Florida), is provided by the local school district to meet the child's needs for specially designed instruction and related services, ages three through five. Eligibility for special education is based on criteria in State Board of Education rules.	20 U.S.C. §1419
Premature	An infant born prior to 37 weeks gestation.	
Primary Service Provider (PSP)	The identified professional on the IFSP team that works with the child/family/primary caregivers on a regular basis and with other members of the team providing services directly, through consultation and/or joint visits.	
Primary Service Provider (PSP) Approach	A team based family-centered approach that utilizes a capacity building method to intervene with infants and toddlers with disabilities or developmental delays. A lead provider works with other IFSP team members for the provision of direct services, co-visits or consultations, as appropriate, to meet identified outcomes.	
Private Insurance	As discussed in these policy and guidance documents, private insurance refers to health coverage that can be issued to individuals, to employees of an employer offering health coverage, or to individuals that are members of association groups. Some health coverage in	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	Florida is provided by self insured funds, not regulated by the State of Florida. Although there are other forms of health insurance, the three main categories of health insurance are: **A.** Policies that offer comprehensive or "major medical" coverage; **B.** Policies that provide managed care services [Preferred Provider Organizations (PPOs); Health Maintenance Organizations (HMOs); Point of Service plans (POS); Provider Service Network (PSN)]. – **C.** Policies that provide limited benefits. **D.** In addition to traditional health coverage or managed care plans, some families may access programs designed to give individuals tax advantages to offset health care costs such as a health savings account (HSA), medical savings account (MSA), health flexible spending arrangement (FSA), or health reimbursement arrangement (HRA).	
Progress Monitoring	A systematic approach to observing or checking a child's progress and evaluating the effectiveness of intervention strategies. In progress monitoring, a child's current levels of functioning and measurable goals or outcomes are determined. Progress toward specific skills is then measured on a regular basis (e.g., weekly or monthly). Progress monitoring generates useful data for determining whether intervention strategies need to be adjusted and may provide evidence related to the child's continuing eligibility. Progress monitoring data may be in one or more of the following formats: compilation forms, graphs, or narrative explaining any changes or specific circumstances.	
Provider Service Network (PSN)	In this type of plan there is a network established or organized and operated by a health care provider or group of affiliated health care providers.	
Psychological Services	Includes:	34 CFR§303.13(d)(10)

Definitions		
Term	**Definition**	**Reference/Related Documents**
	A. Administering psychological and developmental tests and other assessment procedures; **B.** Interpreting assessment results; **C.** Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and **D.** Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.	
Public Agency	Includes the lead agency (Florida Department of Health, Children' Medical Services), and any other political subdivision of the state that is responsible for providing early intervention services to children eligible under Part C of the IDEA. This may include agencies receiving funds under Part C of the IDEA as well as agencies that are involved in the state's Early Steps system or carry out a function required under IDEA, Part C, but do not directly receive IDEA, Part C funds.	
Public Awareness and Education	Activities that focus on the early identification of children who are eligible for Early Steps and include the preparation and dissemination by the lead agency to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services.	
Public Insurance	As discussed in these policy and guidance documents, public insurance refers to Medicaid. Medicaid provides medical coverage to individuals and families who are categorically eligible (e.g., low income families with children, low income people who have disabilities, and foster children). The family-related Medicaid coverage groups in Florida are based on three pieces (or titles) of the federal Social Security Act: **A.** Title IV (Grants to States for Aid and Services to Needy Families with Children and for Child Welfare Services)	

Definitions		
Term	**Definition**	**Reference/Related Documents**
	B. Title XIX (Grants to States for Medical Assistance Programs) **C.** Title XXI (State Children's Health Insurance Program-SCHIP, called the Florida KidCare program) **D.** Medicaid recipients may obtain services through Medicaid providers of their choice on a "fee-for-service" basis or through Medicaid managed care plans. The Agency for Health Care Administration (ACHA) is the agency in charge of administering Medicaid services in Florida.	
Qualified (Qualified Personnel)	IDEA, Part C regulations define qualified as personnel who have met State approved or recognized certification, licensing, registration or other comparable requirements that apply to the area in which the person is providing early intervention services."	34 CFR §303.31
Referral	Provision of information regarding a child who is potentially eligible for early intervention services through Early Steps due to possible developmental delay or established condition.	
Referral Source	An individual, facility or agency that refers a child to the appropriate public agency within the system. Referral sources include: hospitals, (including prenatal and postnatal facilities), physicians, parents, day care programs, local educational agencies, public health facilities, other social service agencies, and other health care providers.	34 CFR§303.302 34 CFR§303.303(c)
Referral to Preschool Special Education	In Florida, referral to preschool special education is a separate and distinct process and should occur as outlined in the transition plan in the child's IFSP.	

Definitions		
Term	**Definition**	**Reference/Related Documents**
Respite	Appropriate short-term, episodic care which is provided due to the planned or emergency absence of a family member or primary caregiver. Respite is provided to meet a unique, temporary need. The purpose of respite services is to minimize stress that families and caregivers experience from addressing all the needs related to having a child with a disability or an emergency need of the caregiver. Respite is an early intervention service if it is identified on the IFSP as necessary to enable the family or caregiver to successfully meet the developmental outcomes for their child.	
Scaled Score	A conversion of a raw score on a test or a version of the test to a common scale that allows for a numerical comparison between children/students. Scaled scores are particularly useful for comparing test scores over time since the scale will control slight variations for a test that has changed over the years, resulting in several different versions. In Early Steps the terminology "scaled score" often refers to the score for a BDI-2 subdomain with a mean of 10.	
Screening	A brief procedure designed to identify infants and toddlers who are in need of more intensive evaluation and assessment activities. Screening encompasses activities carried out by qualified Early Steps providers that are intended to identify at an early stage those children who have a high probability of exhibiting delayed development and may be in need of early intervention services. These activities should use appropriate screening tools by personnel trained to administer those tools.	34 CFR§303.320(b)1 & 2
Service Coordination	The activities carried out by a service coordinator to assist and enable a child eligible for IDEA, Part C and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under Early Steps.	34 CFR§303.34
Service Coordinator	The individual responsible for coordinating the timely implementation of the IFSP. This includes	34 CFR §303.34(b)

This document does not include guidance/procedures for each policy in the Early Steps Policy Handbook. Guidance is included only as necessary to explain how to implement a policy, outline steps, or recommend actions to support implementation.

Definitions		
Term	**Definition**	**Reference/Related Documents**
	activities that promote and support the IFSP team's capacities and competencies to identify, obtain, coordinate, refer, monitor, and evaluate resources and services to meet the family's needs.	
Sign Language	Sign language and cued language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.	34 CFR §303.13(12)
Social Work Services	Includes: **A.** Making home visits to evaluate a child's living conditions and patterns of parent-child interaction; **B.** Preparing a social or emotional developmental assessment of the child within the family context; **C.** Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents; **D.** Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and **E.** Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.	34 CFR§303.13(d)(13)
Special Instruction	Includes: **A.** The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; **B.** Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family support plan;	34 CFR§303.13(d)(14)

Definitions		
Term	**Definition**	**Reference/Related Documents**
	C. Providing families with information, skills, and support related to enhancing the skill development of the child; and **D.** Working with the child to enhance the child's development	
Specialist	An individual who has significant knowledge, skills and experience, including advanced training or certification and has demonstrated a high level of competency related to a particular area of practice (e.g., diagnosis/intervention related to autism spectrum disorders).	
Speech Language Pathology	Includes: **A.** Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; **B.** Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and **C.** Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.	34 CFR§303.13(d)(15)
Standard Score	A score that indicates the relationship between a child's scores and the scores of children of similar age. Standard scores can be compared similarly across tests.	
Subpoena	A written order in which a person is commanded to appear as a witness or provide relevant documents.	
Super Confidential	Any information (adult and child) about physical abuse, alcohol and drug abuse, psychiatric treatment, tuberculosis (TB), sexually transmitted diseases, HIV/AIDS or adoption proceedings.	
Surrogate Parent	An individual appointed to act in the place of a parent in safeguarding a child's rights in the decision-making process regarding early intervention services.	

Definitions		
Term	**Definition**	**Reference/Related Documents**
Transition Conference	A meeting required by federal and state regulations and policies that must be conducted at least 90 days prior to the child's third birthday or, with the consent of all parties, up to nine months prior to the child's third birthday.	20 U.S.C. §1437(a)(9)(A)(ii)(II)
Transportation and related costs	The cost of travel and other costs (e.g., tolls and parking expenses) that are necessary to enable an eligible child and the child's family to receive early intervention services.	34 CFR§303.13(d)(16)
Teleintervention	**A.** Teleintervention, which is also referred to as Telehealth, Telemedicine, Telepractice involves: **1.** Synchronous audiovisual interaction between the distant site provider and the child/family in another location. **2.** Asynchronous store and forward technology, including asynchronous store and forward technology in conjunction with synchronous audio interaction between the distant site provider and the child in another location. The distant site provider would need to use: relevant photographic or video images, the child/family's relevant early intervention or medical records, or other forms of audiovisual telecommunication technologies that allow the distant site provider to meet the in-person visit standard of care. **B.** Teleintervention does not include: **1.** audio-only telephone consultation, **2.** text-only email messages, or **3.** facsimile transmissions.	
Universal Newborn Hearing Screening (UNHS)	A program that requires all newborns receive an audiological hearing screen prior to hospital discharge and that also requires referral of infants with diagnosed hearing loss to the primary care physician and to Early Steps.	Chapter 383.145, Florida Statutes
Vision Services	Includes: **A.** Evaluation and assessment of visual functioning, including the diagnosis and	34 CFR§303.13(d)(17)

Definitions		
Term	**Definition**	**Reference/Related Documents**
	appraisal of specific visual disorders, delays, and abilities that affect early childhood development; **B.** Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and **C.** Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.	
Ward of the State	A child who as determined by the state where the child resides is a foster child, is a ward of the state, or is in the custody of a public child welfare agency. The term does not include a foster child who has a foster parent who meets the definition of a parent.	20 U.S.C. §1402(36) 34 CFR §303.37