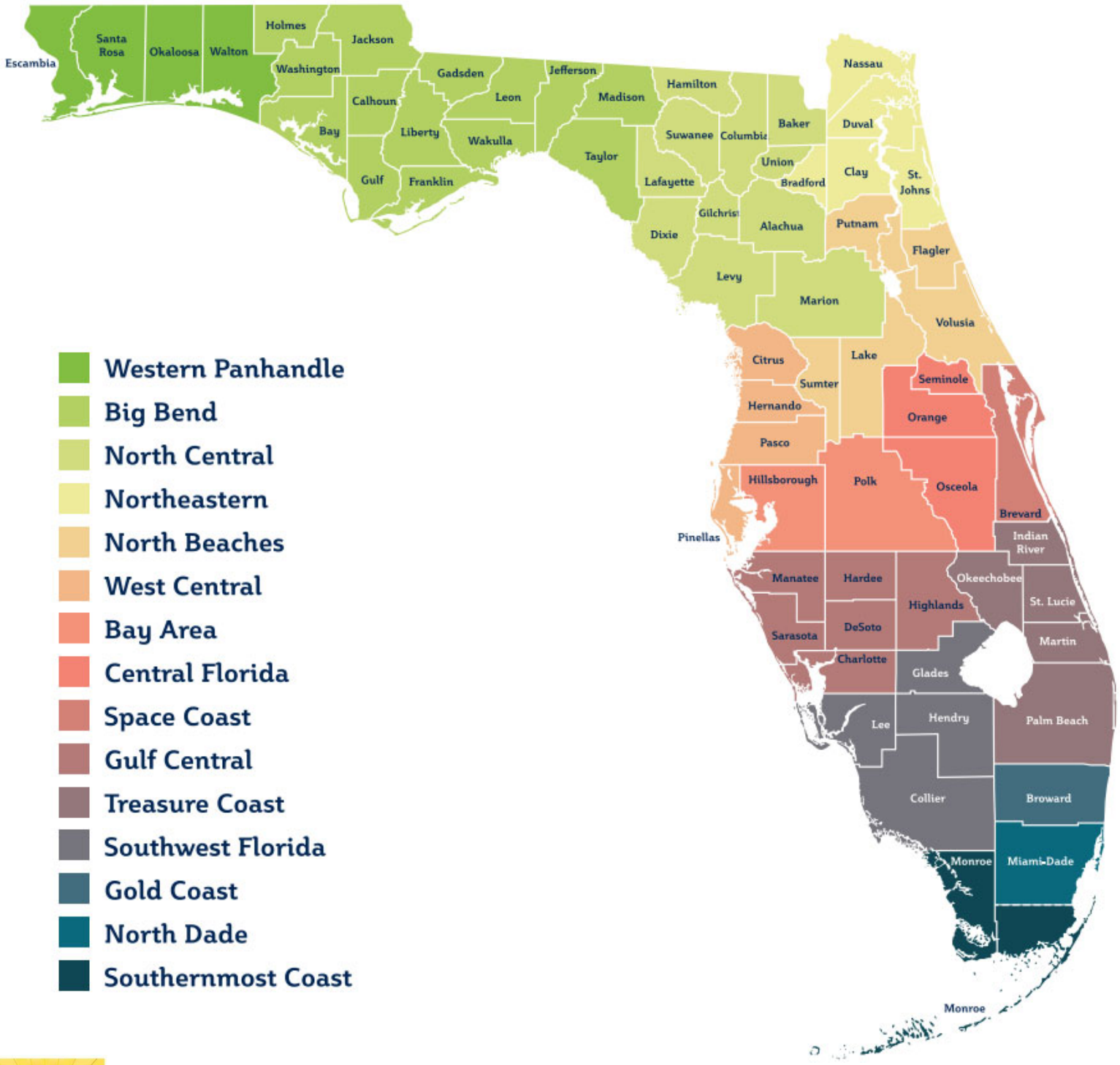
Early Steps Policy Handbook

Individuals with Disabilities Education Act (IDEA) Part C



Florida HEALTH
Children's Medical Services

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

early steps

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Component 1.0 General Supervision and Administration

Authority:	**IDEA Sections:**	1418, 1431, 1432, 1434, 1435, 1437, 1438, 1440, 1441
	34 CFR Sections:	80.25, 303.13, 303.101, 303.102, 303.103, 303.104, 303.105, 303.110, 303.111, 303.112, 303.114, 303.115, 303.116, 303.117, 303.118, 303.119, 303.120, 303.121, 303.122, 303.123, 303.124, 303.125, 303.126, 303.201, 303.203, 303.205, 303.208, 303.220, 303.221, 303.222, 303.223, 303.224, 303.225, 303.226, 303.227, 303.228, 303.300, 303.301, 303.302, 303.303, 303.310, 303.320, 303.321, 303.340, 303.342, 303.343, 303.344, 303.345, 303.432, 303.433, 303.434, 303.500, 303.501, 303.510, 303.511, 303.520, 303.521, 303.600, 303.601, 303.602, 303.603, 303.604, 303.605, 303.700, 303.701, 303.702, 303.703, 303.704, 303.705, 303.706, 303.707, 303.708, 303.720, 303.721, 303.722, 303.723, 303.724, 303.730, 303.732, 303.733
	Florida Statutes:	286.011, 391.301, 391.308
Intent:	These policies are intended to ensure that the State of Florida develops and implements a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services and supports for infants and toddlers with disabilities and their families in accordance with the Individuals with Disabilities Education Act (IDEA), Part C and the Children's Medical Services Early Steps Program (ss. 391.301-391.308, Florida Statutes).	

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1.1.0 General Authority		
	Policy	**Reference/Related Documents**
	1.1.1 The Florida Department of Health Children's Medical Services (CMS) Early Steps State Office (ESSO) is the lead agency, appointed by the Governor, to administer and oversee the Individuals with Disabilities Education Act (IDEA), Part C in Florida.	34 CFR §303.13 34 CFR §303.120 34 CFR §303.201 34 CFR §303.500 34 CFR §303.700 391.308, F.S. 391.301(4)(d), F.S.
	1.1.2 The ESSO is responsible for all necessary administrative functions to ensure statewide implementation of the early intervention system. is responsible for all necessary administrative functions to ensure statewide implementation of the early intervention system.	34 CFR §303.205 Operations Guide 1.1.2
	1.1.3 The Early Steps Program is established within the Florida Department of Health to serve infants and toddlers who are at risk of developmental disabilities based on a physical or mental condition and infants and toddlers with developmental delays by providing developmental evaluation and early intervention and by providing families with training and support services in a variety of home and community settings in order to enhance family and caregiver competence, confidence, and capacity to meet their child's developmental needs and desired outcomes.	391.301(1), F.S. 391.302(5), F.S.
	1.1.4 The ESSO will competitively procure LESs to provide services throughout the state in accordance with Chapter 287, F.S. The department will specify the requirements and qualifications for LESs in the procurement document.	391.308(2)(k), F.S.

1.2.0 Requirements for a Statewide System Under Part C of the IDEA		
	Policy	**Reference/Related Documents**
	1.2.1 The ESSO will comply with IDEA, Part C and meet the requirements outlined in 1.2.2 through 1.2.22 below. This statewide comprehensive, coordinated, multi-disciplinary interagency system will provide early intervention services for infants and toddlers with disabilities and their families that includes the following components: **A.** Pre-referral policies and procedures that include: **1.** A public awareness program, and **2.** A comprehensive child find system. **B.** Referral policies; and **C.** Post-referral policies and procedures that ensure compliance with timeline requirements and include: **1.** Screening, if applicable, **2.** evaluations and assessments, and	20 U.S.C. §1434 20 U.S.C. §1435(a)(10) 34 CFR §303.221 34 CFR §303.300 34 CFR §303.500

	3. Development, review, and implementation of IFSPs.	
	1.2.2 The ESSO is responsible for defining the eligible population within the parameters set forth by the IDEA, Part C in order to appropriately identify infants and toddlers with disabilities who need early intervention services.	20 U.S.C. §1435(a)(1) 34 CFR §303.111 Policy 3.1.0
	1.2.3 The ESSO will maintain an easily accessible, up-to-date, Central Directory of resources statewide to assist professionals and families with children with developmental delays and disabilities. The ESSO will ensure that the Central Directory is accessible through the agency's website or other appropriate means.	20 U.S.C. §1435(a)(7) 34 CFR §303.117 Policy 2.2.0 Policy 2.2.1 Operations Guide 1.2.3
	1.2.4 The ESSO will ensure compliance with the federal timelines related to eligibility determination, including evaluation and assessment, the Individualized Family Support Plan (IFSP), provision of services listed in the IFSP and the transition conference.	34 CFR §303.310 34 CFR §303.342 Policy 3.4.3 Policy 5.5.1 Policy 6.11.1 Policy 7.3.1 Policy 7.4.1
	1.2.5 The ESSO will ensure that a systematic plan is in place for increasing public awareness and education about the availability of early intervention services and disseminating such information to parents with premature infants or infants with other physical risk factors associated with learning or developmental complications.	20 U.S.C. §1435(a)(6) 34 CFR §303.116 Policy 2.1.0 Policy 2.1.3 Policy 2.1.4
	1.2.6 The ESSO will assure public participation in the State's early intervention system by developing a plan to ensure: **A.** Meaningful involvement of underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the state, in the planning and implementation of all the requirements of IDEA, Part C. **B.** These families have access to culturally competent services within their local geographical areas.	20 U.S.C. §1437(b)(7) 34 CFR §303.227

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

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

	1.2.18 The ESSO will establish agreements or other appropriate written methods with other state agencies involved with services to families and children and/or the early intervention system in order to define the provision of and financial responsibility for service, establish procedures for a timely resolution of disputes, and ensure effective cooperation and coordination.	20 U.S.C. §1435(a)(10)(F) 34 CFR §303.120(e) 34 CFR §303.511 Policy 11.1.1 Policy 11.2.1 Policy 11.2.6 Florida Medicaid State Plan
	1.2.19 The ESSO will determine the methods by which required state and federal information will be collected, maintained and reported to the Secretary.	20 U.S.C. §1435(a)(14) 34 CFR §303.124 Policy 12.3.2 - 12.3.6
	1.2.20 The ESSO will develop policies and procedures pertaining to the contracting for, or make other arrangements with, public or private providers of early intervention services.	20 U.S.C. §1435(a)(11) 34 CFR §303.121
	1.2.21 The LES may hire direct service staff or contract with enrolled individuals or agencies that employ enrolled individuals in each service area throughout the state for the coordination, oversight and implementation of the Early Steps in the local area.	Operations Guide 1.2.21
	1.2.22 The ESSO will allocate funds annually to each LES based on the approved allocation formula.	Operations Guide 1.2.22
	1.2.23 Early Steps must provide services from referral through transition in a family-centered manner that recognizes and responds to unique circumstances and needs of infants and toddlers and their families as measured by a variety of qualitative data, including satisfaction surveys, interviews, focus groups, and input from stakeholders.	391.308(1)(a), F.S.
	1.2.24 It is the responsibility of the LES to budget funds in accordance with the approved contract budget to ensure provision of all Early Steps services.	

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1.3.0 State Application and Assurances		
	Policy	**Reference/Related Documents**
	1.3.1 In order to receive federal funds under IDEA, Part C the ESSO will submit to the U.S. Department of Education (U.S. ED) an annual application, including any new or revised state policies addressing the minimum components of a statewide system under IDEA, Part C, a description of the use of funds and a statement of assurances, as outlined in the IDEA, Part C and instructed by the Office of Special Education Programs (OSEP).	20 U.S.C. §1437 34 CFR §303.101 34 CFR §303.110 34 CFR §303.112 34 CFR §303.203 34 CFR §303.208 34 CFR §303.228 391.308(2)(a), F.S.
	1.3.2 Prior to submitting the application or adopting a new or revised policy that is needed to comply with IDEA, Part C, the ESSO will: **A.** Publish the application or policy in a manner that will ensure circulation throughout the State of Florida for at least a 60-day period, with an opportunity for comment on the application or policy for a minimum of 30 days during that period, and **B.** Hold public hearings, on the application or policy during the 60-day period, providing notice at least 30 days before the hearings are conducted.	20 U.S.C. §1437 34 CFR §303.208
	1.3.3 Reserved	
	1.3.4 The ESSO will publish the hearing notice in newspapers or announce in other media, or both, with adequate coverage to notify the general public throughout the state, including individuals with disabilities and parents of infants and toddlers with disabilities, about the hearings and the opportunity to comment on the application or policy.	20 U.S.C. §1437(a)(8) 34 CFR §303.208
	1.3.5 The hearing notice will be in sufficient detail to inform the public about: **A.** The purpose and scope of the state application or policy, and its relationship to IDEA, Part C, **B.** The length of the comment period and the date, time, and location of each hearing, and **C.** The procedures for providing oral comments or submitting written comments.	20 U.S.C. §1437 34 CFR §303.208
	1.3.6 The ESSO will hold public hearings in a sufficient number and at times and places that afford interested parties throughout the state a reasonable opportunity to participate.	20 U.S.C. §1437 34 CFR §303.208

	1.3.7 Before adopting the state application, and before adopting a new or revised policy not contained within the application, the ESSO will: **A.** Review and consider all public comments, and **B.** Make any modifications it deems necessary in the application or policy.	20 U.S.C. §1437 FR §303.208
	1.3.8 **A.** The Early Steps Program will develop a state plan annually that: **1.** Assesses the need for early intervention services, **2.** Evaluates the extent of the statewide need that is met by the program, **3.** Identifies barriers to fully meeting the need, and **4.** Recommends specific action steps to improve program performance. **B.** The plan will be developed through an inclusive process that involves families, LESs, health care providers, and other stakeholders.	391.308(2)(c), F.S.
	1.3.9 **A.** By December 1 of each year, the ESSO will prepare and submit a report that assesses the performance of the Early Steps Program to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Florida Interagency Coordinating Council for Infants and Toddlers. **B.** The report will address performance standards and report actual performance compared to the standards for the prior fiscal year. **C.** The data used to compile the report must be submitted by each LES in the state. **D.** The report will include the following measures: **1.** Number and percentage of infants and toddlers served with an individualized family support plan, **2.** Number and percentage of infants and toddlers demonstrating improved social or emotional skills after the program, **3.** Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program, **4.** Number and percentage of families reporting positive outcomes in their infant's and toddler's development as a result of early intervention services, **5.** Progress toward meeting the goals of individualized family support plans, and **6.** Any additional measures established by the Department.	391.308(5), F.S.

1.4.0 Financial Policies and Procedures

	Policy	Reference/Related Documents
	1.4.1 IDEA, Part C funds will be used to supplement the level of state and local funds expended for infants and toddlers with disabilities and their families. Part C funds will not be used to supplant existing state and local funds, nor will they be commingled with state funds.	20 U.S.C. §1437(b)(5) 34 CFR §303.225

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	1.4.2 **A.** IDEA, Part C funds shall not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, except as interim payments as addressed within Policy 1.4.6.C. **B.** Individuals with Disabilities Education Act (IDEA), Part C funds may be used for direct services for eligible children and their families that are not otherwise provided from other public or private sources.	20 U.S.C. §1437(b)(5)(B) 20 U.S.C. §1438(1) 20 U.S.C. §1440(a) 34 CFR §303.501 34 CFR §303.510(b) 34 CFR §303.510(a) Operations Guide 1.4.2
	1.4.3 As Florida receives IDEA, Part C funds, any child determined eligible for IDEA, Part C must receive early intervention services authorized on the IFSP and continue to receive those services until the IFSP team determines that the services are no longer necessary to meet the child and family's developmental outcomes or until the child's third birthday, whichever comes first.	20 U.S.C. §1431(b)(1) 20 U.S.C. §1431(b)(2) 20 U.S.C. §1431(b)(3) 20 U.S.C. §1437 34 CFR §303.101 34 CFR §303.110 34 CFR §303.112 34 CFR §303.228 Policy 6.1.2 Policy 6.1.3 Operations Guide 1.4.3
	1.4.4 **A.** The LES or service provider must bill public or private sources or third party payor for direct services for eligible children and their families unless the family denies permission per policy 1.7.1. **B.** LESs and service providers shall not be paid IDEA, Part C funds for direct services unless third party collection is denied by the third party payor, and written evidence of denial is on file with the service provider. **C.** Part C funds may be used rather than billing insurance when the Early Steps rate for the service is less than the rate Early Steps would pay for the family's insurance copay and/or deductible.	391.308(2)(i), F.S. Operations Guide 1.4.4
	1.4.5 The order in which funding for services are to be sought is as follows: **A.** Commercial insurance **B.** Medicaid **C.** Community funding **D.** Other state program funds **E.** Other federal program funds **F.** IDEA, Part C funds	

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	1.4.6 IDEA, Part C funds may be used to pay for the provision of services and supports when: **A.** The responsible entity fails to provide or pay for services that have been authorized by the IFSP. **B.** The determination of payment responsibility has not been made and services must be provided prior to such a determination. **C.** It is necessary to prevent a delay in the timely provision of services to eligible infants and toddlers and their family: **1.** Early intervention services and supports, **2.** Other functions and services authorized under Individuals with Disabilities Education Act (IDEA), Part C, including child find, evaluation, and assessment, and **3.** Eligible health services (but not medical services). **D.** After the determination of payment responsibility has been made, the Local Early Steps will seek reimbursement of the interim payment, to the maximum possible, by the responsible entity for the IDEA, Part C funds previously expended.	20 U.S.C. §1440(a) 20 U.S.C. §1440(b)(2)(A) 20 U.S.C. §1440(b)(2)(B) 34 CFR §303.510(b) Operations Guide 1.4.6
	1.4.7 IDEA, Part C funds can be appropriately used as the payor of last resort to ensure that early intervention services are provided in the natural environment if a third party payor does not cover the provision of a particular early intervention service in the setting specified to be the natural environment on the Individualized Family Support Plan (IFSP).	20 U.S.C. §1440(a) 20 U.S.C. §1440(b)(2)(A) 34 CFR §303.13(a)(8) 34 CFR §303.222 34 CFR 303.501 34 CFR 303.510 Operations Guide 1.4.7
	1.4.8 IDEA, Part C funds may be used to provide early intervention services for eligible children and their families that are not otherwise provided from other public or private sources, or to expand and improve on services that are otherwise available.	20 U.S.C. §1438(2) 34 CFR §303.501(a) 34 CFR §303.501(b)
	1.4.9 The ESSO may use funds under IDEA, Part C that are reasonable and necessary for administering the early intervention program for infants and toddlers with disabilities.	34 CFR §303.501
	1.4.10 IDEA, Part C funds may be used to pay co-payments and/or deductibles to third party payers for authorized services when necessary for the child and family to access services, as identified on the IFSP.	34 CFR §303.500 34 CFR §303.521(a)(6)
	1.4.11 IDEA, Part C funds appropriated for Early Steps that are not fully expended in the year in which they were appropriated will “roll forward” and become available to Early Steps during the subsequent fiscal year.	34 CFR §303.205 Operations Guide 1.4.11

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	1.4.12 Policies related to how services to IDEA, Part C eligible children and their families will be provided and paid must be reflected in the interagency agreements and other required methods.	34 CFR §303.120(f) 34 CFR §303.511 Policy 11.1.1 Policy 11.2.1 Policy 11.2.6
	1.4.13 The ESSO as the IDEA, Part C Lead Agency, will not construe any provision in the IDEA Part C statute or regulations as permitting the state to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid for children eligible under this part) when those services are included in the child's IFSP.	34 CFR §303.510(c)
	1.4.14 Early Steps may perform fundraising activities to support program expenses, provided that the following requirements are met: **A.** No IDEA, Part C funds are used to support the cost of fundraising activities. **B.** Fundraising activities conducted under the auspices of Early Steps are related to generating revenue for the benefit of the Early Steps children and families and used accordingly.	2 CFR §225 Appendix B Operations Guide 1.4.14

1.5.0 System of Payments

	Policy	Reference/Related Documents
	1.5.1 The Early Steps system of payments does not include any sliding or cost participation fees but includes the use of public and private insurance, as outlined in section Policy 1.6.0.	20 U.S.C. §1432(4)(B) 34 CFR §303.520 34 CFR §303.521(a)
	1.5.2 Parents are not required to pay any costs related to IDEA, Part C services, therefore: **A.** Parents are not charged any out-of-pocket costs for any IDEA, Part C services, **B.** Fees will not be charged for the services that a child is otherwise entitled to receive at no cost to the parents, **C.** The inability of the parents to pay for services will not result in the delay or denial of services to the child or the child's family, and **D.** All Part C services on the IFSP are available to the child and family whether or not consent to use insurance or Medicaid is required or provided.	34 CFR 303.520(b)(1)(2)(3)(4) 34 CFR §303.520(c) 34 CFR §303.521(a)(4)(i) and (ii) 34 CFR §303.520(a)(3)(iii)
	1.5.3 No services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.	34 CFR §303.511(d) Operations Guide 1.5.3

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	1.5.4 The LES will not charge fees to parents for the following services and supports: **A.** Implementation of the child find requirements, **B.** evaluation and assessment, **C.** Service coordination; or **D.** Administrative and coordinative activities related to: **1.** The development, review and evaluation of IFSPs, and **2.** The implementation of procedural safeguards and the other components of the statewide system of early intervention services. **E.** Early intervention services authorized on the IFSP, including any co-payments or deductibles related to these services.	20 U.S.C. §1432(4)(B) 34 CFR §303.521(b) 34 CFR §303.521(a)
	1.5.5 Local Early Steps must ensure that parents are not responsible for any co-payments or deductibles for IDEA, Part C services authorized on the IFSP.	20 U.S.C. §1432(4)(B) 34 CFR §303.500(b) 34 CFR §303.521(a) Operations Guide 1.5.5
	1.5.6 Parents will be responsible for the cost of any premiums or any other potential long-term costs, such as the loss of benefits, because of annual or lifetime health insurance coverage caps under the insurance policy.	34 CFR §303.520(b)(1)(ii) 34 CFR §303.520(b)(1)(iii) 34 CFR §303.521(a)(6) 34 CFR §303.520(a)(4)
	1.5.7 When a family has both private insurance: **A.** State Medicaid Regulations require the use of Private Insurance as the primary insurance, and **B.** Early Steps cannot bill Medicaid unless the parent has already provided consent to bill private insurance	34 CFR §303.520(a)(3)(iv) 34 CFR §303.520(b)(1)(i)
	1.5.8 **A.** Families have the right to contest a fee via dispute options outlined in the Summary of family Rights which includes: **1.** Participation in mediation, **2.** Requesting a due process hearing, and **3.** Filing a state complaint. **B.** Families will be informed of these rights via the Written Notice Related to Private Insurance and Medicaid/System of Payment.	34 CFR §303.521(e)(1) 34 CFR §303.521(e)(2) Policy 8.1.1 Written Notice Related to Private Insurance and Medicaid - Spanish Written Notice Related to Private Insurance and Medicaid - Creole

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	1.5.9 Proceeds or funds from public insurance (e.g., Medicaid reimbursements attributable directly to federal funds) or private insurance will not be treated as program income.	34 CFR §80.25 34 CFR §303.225 34 CFR §303.520(d)

1.6.0 Public and Private Insurance

	Policy	Reference/Related Documents
	1.6.1 A LES representative will provide and discuss with each family the information outlined in the Written Notice Related to Private Insurance and Medicaid/System of Payment policies initially and each time parental consent is required per Policy 1.7.1 and Policy 1.8.3. The LES must document that the Written Notice/System of Payment policies was given and explained to the family using the Informed Consent for Use of Private Insurance form.	34 CFR 303.520(a)&(b) Policy 1.7.0 Policy 1.8.0 Policy 1.8.4 Operations Guide 1.6.1 Written Notice Related to Private Insurance and Medicaid - Spanish Written Notice Related to Private Insurance and Medicaid - Creole Informed Consent for Use of Private Insurance - Spanish Informed Consent for Use of Private Insurance - Creole
	1.6.2 **A.** When there is indication that public and/or private insurance is available to cover an IFSP authorized service, and the parent has not declined the use of that insurance, the LES or service provider must not bill or be reimbursed by IDEA, Part C funds unless the following is received: **1.** Denial of payment by the insurance company on company letterhead or other written documentation from the insurance company, or **2.** An Explanation of Benefits (EOB). **B.** When documentation outlined in 1.6.2.A.1 and 1.6.2.A.2 is not received, the LES or service provider must submit documentation that the payment by Early Steps is permissible per 1.4.6.	Policy 1.4.10 Operations Guide 1.6.2

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	1.6.3 **A.** When the family consents to bill their public or private insurance, the service provider must pursue all insurance denials of service coverage unless the insurance company's policy is very clear and it has been confirmed that a particular service is not covered or is only covered for a specific number of sessions. **B.** There must be documentation in the Early Steps record as to the circumstances that led to the decision not to access the family's insurance per in 1.6.3.A.	Operations Guide 1.6.3
	1.6.4 Reserved	
	1.6.5 When there are difficulties obtaining payment from public and private insurance companies for services that are appropriate for coverage, the LES and/or provider must obtain all relevant information and assist/instruct the family in filing an appeal with the insurance company.	Operations Guide 1.6.5
	1.6.6 If the LES and/or provider receives no response from the insurance company or a pattern of denied claims is established, the LES and/or provider will submit a complaint via the AHCA portal or through the Office of Insurance Regulation (OIR), for investigation as appropriate.	https://ahca.myflorida.com/Medicaid/complaints/ http://www.myfloridacfo.com/Division/Consumers/needourhelp.htm
	1.6.7 **A.** If a LES or service provider does not receive payment from an insurance company, the following steps must be taken: **1.** Ensure the proper billing procedures were followed, **2.** Review the diagnosis code(s) to determine if it was correctly submitted to the insurance company, and **3.** Determine if additional documentation is necessary to successfully obtain payment. **B.** A claim must be resubmitted if any of the circumstances in 1.6.7.A. are identified as necessary to obtain payment. **C.** Early Steps funds shall not be used if the LES or service provider fails to follow the steps in 1.6.7.A.and 1.6.7.B.	
	1.6.8 **A.** Service providers on the child's insurance plan must be used for service provision as authorized on the IFSP when the family consents to use of their public or private insurance. **B.** This provision shall not result in a delay or denial of Early intervention services on the IFSP.	

1.7.0 Use of Private Insurance

	Policy	Reference/Related Documents
	1.7.1 **A.** The LES must obtain written parental consent prior to using a parent's private insurance to pay for IDEA, Part C services:	34 CFR §303.511(d)(2) 34 CFR §303.520(b)(1)(i) Operations Guide 1.7.1

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	1. When the LES or provider seeks to use the parent's private insurance or benefits to pay for the initial provision of any early intervention service in the IFSP, and 2. Each time there is an increase in frequency, length, duration, or intensity of services in the child's IFSP. **B.** A family's private insurance cannot be used under any circumstance unless the family provides consent for its use. **C.** Written consent for use of private insurance must be documented on the Informed Consent for Use of Private Insurance form.	Informed Consent for Use of Private Insurance - Spanish Informed Consent for Use of Private Insurance - Creole
	1.7.2 When obtaining consent for the initial use of private insurance, the LES must provide to the parent a copy of the state system of payment policies that identify the potential costs that the parents may incur as a result of the use of their private insurance to pay for IDEA, Part C services, such as co-payments, premiums or deductibles or loss of insurance benefits.	34 CFR §303.520(b)(1)(iii) Early Steps System of Payment Policies Early Steps System of Payment Policies – Spanish Early Steps System of Payment Policies - Creole
	1.7.3 The LES will not be responsible for payment to the service provider because the parent(s) refused payment of benefits to the service provider when the family has allowed access to their insurance and the insurance company has paid the parent directly.	Operations Guide 1.7.3
1.8.0 Use of Public Insurance/Medicaid		
	Policy	**Reference/Related Documents**
	1.8.1 The LES may not require parents to sign up or enroll either themselves or their child in Medicaid in order to receive IDEA, Part C services.	34 CFR §303.520(a)(2)(i) Policy 1.8.3
	1.8.2 Rescinded	
	1.8.3 **A.** Consent is required: 1. Prior to use of Medicaid benefits, including targeted case management and other direct services, whether enrollment in Medicaid occurs before or after referral to Early Steps; and 2. Before a child's personally identifiable information is disclosed to: **a.** A Managed Care Plan in order to request or receive services or benefits, or **b.** Authorized representatives of the Medicaid program 3. Whenever the use of Medicaid would:	34 CFR §303.7 34 CFR §303.414 34 CFR §303.511(d)(2) 34 CFR §303.520(a)(2) 34 CFR §303.520(a)(3)(i)

	a. Decrease available lifetime coverage or any other insured benefit for the child or parent, **b.** Result in the child's parents paying for services that would otherwise have been paid for by the public benefits or insurance program, **c.** Result in any increase in premiums or cancellation of public benefits or insurance for the child or parent, or **d.** Risk the loss of eligibility for the child or the child's parents for home and community-based waivers based on total health-related cost. **B.** The circumstances in 1.8.3.A.will not impact a family's right to deny use of private insurance.	
	1.8.4 The Written Notice Related to Private Insurance and Medicaid must be given and discussed with all families per Policy 1.6.1, and address the following related to Medicaid: **A.** A statement of the no-cost protections outlined in 34 CFR §303.520(a)(2). **B.** Parental consent is required before a child's personally identifiable information is disclosed to Medicaid **C.** Parents have the right to withdraw their consent at any time to disclosure of a child's personally identifiable information to the Medicaid fiscal agent for billing purposes, and **D.** General costs to parents for participating in public insurance/ Medicaid (such as co-payments or deductibles or the required use of private insurance as the primary insurance).	34 CFR §303.520(a)(1) 34 CFR §303.520(a)(3) Written Notice Related to Private Insurance and Medicaid - Creole Written Notice Related to Private Insurance and Medicaid - Spanish
	1.8.5 **A.** The LES and service providers must enroll with the state Medicaid program and request payment for services in accordance with all Medicaid rules, in order to access Medicaid funds for all covered services provided to Medicaid enrolled families. **B.** The LES must have agreements with Managed Care Plan as outlined in Policy 11.3.1.B. **C.** Community service providers must seek enrollment with the Managed Care Plans in their region. **D.** If a child is enrolled in an MMA Plan, Early Steps must use provider(s) enrolled with the MMA Plan for service provision; it is not permissible to use Early Steps funds to pay for a service that is otherwise covered.	Policy 8.5.6.H Policy 11.3.1.B. Operations Guide 1.8.5 Florida Medicaid Child Health Services Targeted Case Management Coverage and Limitations Handbook Florida Medicaid Early Intervention Services Coverage and Limitations Handbook Florida Medicaid Durable Medical Equipment Coverage and Limitations Handbook

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		Florida Medicaid Therapy Services Coverage and Limitations Handbook Other Provider Handbooks
	1.8.6 IDEA, Part C funds cannot be used to duplicate or supplement payments made by Medicaid. Service providers must agree to accept Medicaid payment rate as payment in full for the service authorized by the IFSP.	34 CFR §303.510
	1.8.7 Service providers cannot request additional funds from families to supplement established Medicaid and ESSO rates, including Medicaid HMO rates.	Operations Guide 1.8.7
	1.8.8 The ESSO will fund services based on the prevailing State of Florida Medicaid fee-for-service rates for services, when such a rate has been established.	Florida Medicaid Early Intervention Services Coverage and Limitations Handbook Florida Medicaid Therapy Services Coverage and Limitations Handbook
	1.8.9 When there is not an established Medicaid rate for a specific service, the ESSO may establish and use a payment rate for the service.	Operations Guide 1.8.8
	1.8.10 With the parent's permission, the services on the child's Individualized family Support Plan should be communicated to the child's Managed Care Plan.	391.308(4)(j)(1), F.S. 8.5.6.H Policy

1.9.0 State Interagency Coordinating Council

	Policy	Reference/Related Documents
	1.9.1 The ESSO will establish and maintain a statewide, interagency coordinating council to assist and advise the ESSO in coordinating activities for the planning and implementation of the IDEA, Part C component of Early Steps.	20 U.S.C. §1441(a)(1) 34 CFR §303.600 391.308(6), F.S.
	1.9.2 Members of the council, known as the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT), must be appointed by the Governor and membership must reasonably represent the population of the state.	20 U.S.C. §1441(a)(2) 34 CFR §303.600(b)

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	1.9.3 The Governor shall designate a member of FICCIT to serve as the chairperson of the council or require FICCIT to do so. Any member of FICCIT who is a representative of the ESSO may not serve as the chairperson of the council.	20 U.S.C. §1441(a)(3) 34 CFR §303.600(c)
	1.9.4 The composition of FICCIT must include the following: **A.** At least 20 percent of the members must be parents, including minority parents of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities, **B.** At least one member must be a parent of an infant or toddler with a disability or a child with a disability aged six years or younger, **C.** At least 20 percent of the members must be public or private providers of early intervention services and supports, **D.** At least one member must be from the Florida Legislature, **E.** At least one member must be involved in personnel preparation, **F.** At least one member must be from each of the state agencies involved in the provision of, or payments for, early intervention services and supports to infants and toddlers with disabilities and their families and have sufficient authority to engage in policy planning and implementation on behalf of these agencies, **G.** At least one member must be from the state educational agency (SEA) responsible for preschool services to children with disabilities and have sufficient authority to engage in policy planning and implementation on behalf of that agency, **H.** At least one member must be from the agency responsible for the state regulation of private health insurance, **I.** At least one member must be from a Head Start agency or program in the state, **J.** At least one member must be from a state agency responsible for childcare, **K.** At least one member must be from the agency responsible for the state Medicaid and Children's Health Insurance Program (CHIP), **L.** At least one member must be a representative designated by the Office of the Coordinator for Education of Homeless Children and Youth, **M.** At least one member must be a representative from the state child welfare agency responsible for foster care, **N.** At least one member must be a representative from the state agency responsible for children's mental health, and **O.** One member may be appointed by the Governor to represent more than one program or agency listed in H. through N. above.	20 U.S.C. §1441(b) 34 CFR §303.601
	1.9.5 FICCIT may also include other members selected by the Governor, including a representative from the Bureau of Indian Education (BIE) or where there is no school operated or funded by the BIE in the state, from the Indian Health Service or the tribe or tribal council.	20 U.S.C. §1441(b)(2) 34 CFR §303.601(c)

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	1.9.6 FICCIT shall meet at least quarterly and in such places as it deems necessary. The FICCIT meetings must: Be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend, To the extent possible, be open and accessible to the general public, and Provide interpreters for persons who are deaf and other necessary services, both for FICCIT members and participants, as needed. The Council may use IDEA, Part C funds to pay for those services.	20 U.S.C. §1441(c) 34 CFR §303.602
	1.9.7 Subject to the approval of the Governor, FICCIT funds may be used to: **A.** Conduct hearings and forums, **B.** Reimburse members of FICCIT for reasonable and necessary expenses for attending council and committee meetings and performing council duties (including childcare for parent representatives), **C.** Pay compensation for a FICCIT member if the member is not employed or must forfeit wages from other employment when performing official FICCIT business. **D.** Hire staff, **E.** Obtain the services of professional, technical and clerical personnel as may be necessary to carry out the performance of its functions under IDEA, Part C.	20 U.S.C. §1441(d) 34 CFR §303.602 34 CFR §303.603 Operations Guide 1.9.7
	1.9.8 The functions of FICCIT shall include the following: **A.** Advise and assist the ESSO regarding the provision of appropriate services for children aged birth to three years, **B.** Advise appropriate agencies in the state with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of the eligibility of at-risk infants and toddlers for early intervention services and supports in the state, **C.** Advise and assist the ESSO in the identification of sources of fiscal and other support for services for early intervention programs, **D.** Advise and assist the ESSO in the assignment of financial responsibility to the appropriate agency, **E.** Advise and assist the ESSO in the promotion of methods (including use of intra-agency and interagency agreements) for intra-agency and interagency collaboration regarding child find, monitoring, financial responsibility for and provision of early intervention services and transition, **F.** Advise and assist the ESSO in the preparation of applications and amendments to those applications, **G.** Advise and assist the ESSO and Department of Education regarding the transition of toddlers with disabilities to preschool and other appropriate services, **H.** Prepare an annual report to the governor and U.S. ED secretary on the status of early intervention programs for infants and toddlers with disabilities and their families operated within the state,	20 U.S.C. §1441(e) 20 U.S.C. §1441(e)(2) 34 CFR §303.604 34 CFR §303.605

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	I. Submit the report to the U.S. ED secretary by a date that the secretary establishes that contains the information required by the secretary for the year for which the report is made, and **J.** In addition, the Council may carry out the following activities: Coordinate and collaborate with the State Advisory Council on Early Childhood Education and Care for children and other state interagency early learning initiatives, as appropriate.	
	1.9.9 No member of FICCIT may cast a vote on any matter that is likely to provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.	20 U.S.C. §1441(f) 34 CFR §303.601(d)
	1.9.10 FICCIT members shall serve without compensation from funds available under IDEA, Part C, except as allowed in Policy 1.9.7 above.	20 U.S.C. §1441(d) 34 CFR §303.603(b)
1.10.0 Monitoring, Technical Assistance and Enforcement		
	Policy	**Reference/Related Documents**
	1.10.1 ESSO will monitor each LES, using quantifiable and qualitative indicators to adequately measure performance, in the areas of early intervention services in natural environments, and state general supervision activities, including child find, effective monitoring, the use of resolution meetings, mediation, system of transition services and any others specified by U.S. ED/OSEP.	20 U.S.C. §1416(a)(3)(B) 34 CFR 303.700(d) Operations Guide 1.10.1
	1.10.2 ESSO monitoring of LES will focus on IDEA, Part C State Performance Plan/Annual Performance Report indicators and improving early intervention results and functional outcomes for infants and toddlers with developmental delays and disabilities and their families.	20 U.S.C. §1416(a)(2) 34 CFR 303.700(b)
	1.10.3 The ESSO will monitor LES using quantifiable and qualitative indicators to adequately measure performance standards as specified in the LES contract and collect valid and reliable information as needed to report annually to the U.S. ED/OSEP.	20 U.S.C. §1416(a)(3)(B) 20 U.S.C. §1416(b)(2)(B)(i) 34 CFR 303.700(c) 34 CFR 303.701(c) Policy 12.7.1
	1.10.4 The ESSO will collect data through monitoring or sampling.	20 U.S.C. §1416(b)(2)(B)(i) 34 CFR 303.701(c) 34 CFR 303.702(b)(1)(ii) Policy 12.7.5

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	1.10.5 The ESSO monitoring of LES will be done through Quality Assurance Reviews on at least annual basis in accordance with the provisions of Early Steps Continuous Improvement Process and policies, as specified in the LES contract.	
	1.10.6 The ESSO monitoring of LES will include analyzing performance and compliance trends across LES and statewide. The analysis will serve as the basis for decision-making regarding personnel development and training needs, resource allocation, statewide and local technical assistance, implementation of incentives and enforcement actions, determinations and policy revision and clarification. The analysis will include a review of the following information: **A.** Progress towards the State Performance Plan/Annual Performance Report targets, **B.** Status of implementation of the team-based Primary Service Provider approach, **C.** Identified training needs, **D.** Dispute resolution issues, **E.** Feedback from families, **F.** Results of Quality Assurance monitoring, **G.** Timely correction of noncompliance, and **H.** Identified barriers regarding equitable access to, and participation in, IDEA, Part C and strategies to address those barriers.	34 CFR §303.212(a)
	1.10.7 LES found out-of-compliance through monitoring activities will be required to correct noncompliance as soon as possible but no later than one year of identification.	20 U.S.C. §1416 34 CFR 303.700(e) Operations Guide 1.10.7
	1.10.8 Each LES will monitor local service providers using, at a minimum, the quantifiable and qualitative local performance standards specified in the LES contract.	
	1.10.9 Any LES that does not correct noncompliance within one year of notification will be subject to sanctions and other appropriate enforcement mechanisms which must include, if applicable: technical assistance, increased reporting requirements, participation in mandatory training, imposing conditions on the LES funding and completion of correction activities to address the compliance issue(s), and/or withholding of funds, in whole or in part, by ESSO. Enforcement procedures are specified in the LES contract.	34 CFR 303.700(a)(3)
	1.10.10 Reserved	
	1.10.11 The ESSO shall provide technical assistance to all LES, with a special emphasis on those LES demonstrating noncompliance. The ESSO shall customize the technical assistance provided based on the causal factors and identified needs for each LES to improve performance and to achieve or maintain compliance. Technical assistance will be provided in the form	391.308(2)(m), F.S.

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	of on-site visits, review and feedback on documentation submitted by LES, conference calls with LES, facilitation of training, policy clarification, and connecting the LES to available expertise.	
	1.10.12 LES with noncompliance will develop a plan for improvement which includes strategies that will be implemented to ensure that noncompliant practices are corrected as soon as possible, but no later than within one year of identification.	34 CFR §303.700(e)
	1.10.13 LES will adhere to monitoring activities and continuous improvement procedures outlined by the ESSO and specified in the LES contract.	Operations Guide 1.10.13
	1.10.14 The ESSO will: **A.** Establish performance standards and other metrics for evaluation of LES, including standards for measuring timeliness of services, outcomes of early intervention services, and administrative efficiency, **B.** Develop performance standards and metrics in consultation with LESs, and **C.** Ensure compliance with the statutorily required performance standards.	391.308(1), F.S. 391.308(2)(l), F.S.
1.11.0 State Performance Plan/Annual Performance Report		
	Policy	**Reference/Related Documents**
	1.11.1 The ESSO shall monitor implementation of the Early Steps program through the State Performance Plan/Annual Performance Report. The State Performance Plan/Annual Performance Report shall evaluate statewide efforts to implement the requirements of IDEA, Part C and describe how the state will improve such implementation.	20 U.S.C. §1416(b)(1) 34 CFR §303.700(b)(2)
	1.11.2 The State Performance Plan/Annual Performance Report must establish measurable and rigorous targets for the priority areas specified in Policy 1.10.1 and any others specified by U.S. ED/OSEP. These targets must be utilized to analyze the performance of each LES.	20 U.S.C. §1416(b)(2)(A) 34 CFR §303.701(a) 34 CFR §303.702(a)
	1.11.3 The ESSO will monitor, enforce and annually report on the implementation of the state's early intervention system in accordance with IDEA, Part C by LES.	20 U.S.C. §1416(a)(1) 34 CFR §303.700(a)
	1.11.4 The ESSO will submit the IDEA, Part C State Performance Plan/Annual Performance Report to the U.S. ED/OSEP for approval in accordance with the approval process outlined in IDEA, Part C and instruction of OSEP.	20 U.S.C. §1416(b)(1)(B) 34 CFR §303.702 34 CFR §303.706
	1.11.5 The ESSO will review the State Performance Plan/Annual Performance Report at least once every six years and submit any amendments to U.S. ED/OSEP.	20 U.S.C. §1416(b)(1)(C) 34 CFR §303.701(b)

	1.11.6 The ESSO will evaluate and report annually to the public on the performance of each LES in a manner that will not disclose personally identifiable information about individual children.	20 U.S.C. §1416(b)(2)(C)(ii)(I) 34 CFR §303.702 34 CFR §303.722
	1.11.7 The ESSO will ensure that the IDEA, Part C State Performance Plan/Annual Performance Report, which includes the performance of each LES on the targets in the State Performance Plan, are made available to the public through public means, including posting on the Early Steps' website, distribution to the media, to each LES, and through public agencies. **A.** Posting of the Annual Performance Report must occur no later than 120 days following the state's submission of its annual performance report to the Secretary. **B.** The Annual Performance Report must contain the most recently available performance data on each LES program and the date the data were collected.	20 U.S.C. §1416(b)(2)(C)(ii)(I) 34 CFR §303.702
	1.11.8 The ESSO will report annually to the U.S. ED/OSEP on the performance of the state under the State Performance Plan in a manner that will not disclose personally identifiable information about individual children or where the data is insufficient to yield statistically reliable information.	20 U.S.C. §1416(b)(2)(C)(ii)(II) 34 CFR §303.702
	1.11.9 If ESSO receives notice that the U.S. ED is proposing to take or is taking an enforcement action resulting from the State Performance Report, the state must, by means of a public notice, take any necessary measures to bring the pending action to the attention of the public within the state, to include posting the notice on ESSO's Web site and distributing the notice to the media and to each LES.	34 CFR §303.706

1.12.0 Determinations

	Policy	Reference/Related Documents
	1.12.1 The ESSO shall make determination annually about the performance of each LES and take the required actions as outlined in IDEA, Part C, based on information provided by LES in the State Performance Plan/Annual Performance Report, obtained through monitoring and other public information. The determination(s) given to the LES shall include: **A.** Meets the requirements, **B.** Needs assistance, **C.** Needs intervention, and **D.** Needs substantial intervention in implementing the requirements of IDEA, Part C.	20 U.S.C. §1416(d) 34 CFR §303.700(a)(2) 34 CFR §303.703(b) Operations Guide 1.10.23

Component 2.0 Child Find and Referral			
Authority:	**IDEA Sections:**	1431, 1434, 1435, 1436, 1437	
	34 CFR Sections:	303.115 , 303.116, 303.117, 303.209, 303.301, 303.302, 303.303, 303.342, 303.345, 303.310	
	Florida Statutes:	391.301, 391.308	
Intent:	These policies are intended to ensure: early identification of infants and toddlers with disabilities and developmental delays who are eligible to receive early intervention services; the public is informed about early intervention services and that parents know how to make referrals and gain access to such services; and that child find activities including community outreach, screening and public awareness activities are conducted in the community to identify potentially eligible children. These policies also ensure that a Central Directory function is implemented and that it includes a coordinated system of information and referral services for families of infants and toddlers with special needs that is accessible to the general public.		
Sections:	2.1.0	Child Find and Public Awareness	Page 29
	2.2.0	Central Directory	Page 31
	2.3.0	Referral to Early Steps	Page 32

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2.1.0 Child Find and Public Awareness		
	Policy	**Reference/Related Documents**
	2.1.1 The ESSO will maintain a public awareness plan and ensure that child find efforts: **A.** Include outreach the following subpopulations: Native Americans, children in foster care, wards of the state, and families that are inner-city, rural, minority, homeless, or low-income, **B.** Describe available early intervention services, **C.** Inform the public on how to make referrals, including timelines, **D.** Inform the public how to access a Multidisciplinary evaluation and other early intervention services, **E.** Ensure rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services that will reduce the need for future services, **F.** Assist primary referral sources in disseminating information regarding early intervention services and referral, and **G.** Expand the recognition by health care providers, families, and the public of the significant brain development that occurs during a child's first three years of life.	20 U.S.C. §1431(a)(5) 34 CFR §303.301(a)(2) 34 CFR §303.301(a)(2) 34 CFR §303.302(a)(3) 34 CFR §303.302 (b) 34 CFR §303.115 34 CFR §303.116 391.301(4)(b), F.S. Policy 1.2.5 Policy 1.2.6
	2.1.2 The ESSO will partner with appropriate state agencies and organizations to ensure that early intervention services are available to all infants and toddlers with disabilities and their families, including: **A.** Native Americans residing on a reservation geographically located in Florida, (including coordination as necessary, with tribes, tribal organizations, and consortia to identify infants and toddlers with disabilities), **B.** Those who are homeless, in foster care, or wards of the state, **C.** Those who are the subject of a substantiated case of child abuse or neglect, and **D.** Those identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.	20 U.S.C. §1434(1) 34 CFR §303.115 34 CFR §303.302 (b) 34 CFR §303.303(b)(1)&(2)
	2.1.3 **A.** Local Early Steps (LES) will disseminate information to primary referral sources, especially hospitals, physicians and parents, with a special emphasis on parents of premature infants or infants with physical risk factors associated with learning or developmental complications. **B.** Local Early Steps (LES) will educate hospitals that provide Level II and III neonatal intensive care services about Early Steps and the referral process for the provision of Evaluation and early intervention services.	20 U.S.C. §1435(a)(6) 34 CFR §303.116 34 CFR §303.301 (1)(b)(ii) 391.308(2)(d) F.S. 391.301(2) F.S.
	2.1.4 Reserved	

	2.1.5 The child find system must ensure that: **A.** All infants and toddlers in the state who are eligible for services are identified, located, and evaluated, and **1.** An effective method is developed and implemented to determine which children are receiving needed early intervention services. **B.** Child find coordination should include the following agencies or programs when appropriate: **1.** Head Start, Early Head Start and the Office of Early Learning, **2.** Maternal and Child Health (MCH) Programs such as Healthy Start, Florida Newborn Screening Program (EHDI), and the CMS Plan, **3.** KidCare (Florida's Children's Health Insurance Program - CHIP), **4.** Florida Healthy Families (Home Visiting Program), **5.** Local Florida Diagnostic and Learning Resource System (FDLRS)/Child Find, **6.** Neonatal Intensive Care Units (NICUs), **7.** Local Education Agency (LEA), **8.** Tribal organizations that receive IDEA, Part C funds and other tribal organizations as appropriate, **9.** Child Health Checkup, **10.** Agency for Persons with Disabilities (APD), **11.** Supplemental Security Income (SSI) program under Title XVI, **12.** Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under Title XIX of the Social Security Act, **13.** Developmental Disabilities Assistance and Bill of Rights Act, **14.** Department of Children and Families and agencies administering CAPTA, and **15.** All primary referral sources listed in 2.3.1.C. **C.** Before any major identification, Location, or Evaluation activity, a notice must be published or announced in newspapers or other media, or both, with circulation adequate to notify parents throughout the relevant geographic area.	34 CFR §303.115 34 CFR §303.302 (b)&(c) 34 CFR §303.303 (b) Policy 1.2.6 Operations Guide 2.1.5
	2.1.6 Each LES is required to: **A.** Prepare and disseminate public awareness materials that: **1.** Describe the early intervention services available, **2.** Describe the child-find system and how to refer a child under the age of three for an Evaluation or early intervention services, and **3.** Provide Central Directory information. **B.** Inform parents about the Prekindergarten Program for Children with Disabilities.	34 CFR §303.301(b) 34 CFR §303.301(c)

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	2.1.7 **A.** LES must submit all locally developed public awareness materials to the ESSO for review and approval prior to finalizing, printing and disseminating. **B.** The materials must be accompanied by correspondence that includes the following: **1.** What are the key messages and goals of the public awareness material(s)? **2.** Who is the target audience? **3.** Does the material contain the required FDOH/ES logo lock-up and LES logo, LES contact information, and the Early Steps website address?	
	2.1.8 Public awareness materials must include both the approved Florida Department of Health and the Early Steps logos.	Operations Guide 2.1.8
	2.1.9 On a statewide website, the ESSO will maintain a: **A.** Directory of LES offices for the purposes of Family self-referral and for primary referral sources to contact LES offices in disseminating printed materials, and **B.** Centralized webpage which contains referral information, electronic copies of appropriate child find materials and information related to other state and national resources.	34 CFR §303.301 (a)(2) 34 CFR §303.117 http://www.earlystepsdirectory.com/
	2.1.10 The ESSO will participate as a representative on the Florida State Advisory Council on Early Childhood Education and Care established under the Head Start Act in order to promote child find and program collaboration.	34 CFR §303.210 (b)
	2.1.11 LES must obtain permission via a locally developed form before using any photos, videos, or audio of infants and toddlers, and their families on public awareness materials, websites, social media, or other public forums.	Operations Guide 2.1.11
2.2.0 Central Directory		
	Policy	**Reference/Related Documents**
	2.2.1 The ESSO will host and maintain a Central Directory website that is accessible to the general public and includes current and accurate information. The Central Directory website must: **A.** Provide information about public and private early intervention services, resources and experts available in Florida, **B.** Include information on research and demonstration projects being conducted in Florida relating to infants and toddlers with disabilities, and Include information about professional groups and other groups (including parent support, and training and information centers) that provide assistance to infants and toddlers with disabilities eligible under IDEA, Part C and their families.	20 U.S.C. §1435(a)(7) 34 CFR §303.117 Policy 1.2.3 http://www.earlystepsdirectory.com/

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	2.2.2 Reserved	
	2.2.3 Reserved	
	2.2.4 Each LES must have staff available during regular business hours to answer telephone calls and provide requested information about referral, services, and supports for infants, toddlers and their families.	
	2.2.5 The ESSO will make the Central Directory available to the general public through its website and by sharing the web link with appropriate state and local partners.	34 CFR §303.117 http://www.earlystepsdirectory.com/
2.3.0 Referral to Early Steps		
Policy		**Reference/Related Documents**
	2.3.1 Local Early Steps must: **A.** Provide for an effective method for primary referral sources to make referrals for evaluation and assessment, and initial or interim IFSP as appropriate; **B.** Inform referral sources of the requirement to make referrals as soon as possible but in no case more than seven calendar days after identifying a child who may have a developmental delay or an established condition; **C.** Provide procedures for primary referral sources, especially hospitals and physicians, to disseminate public awareness materials. Primary referral sources include: **1.** Hospitals, including prenatal and postnatal care facilities, **2.** Physicians, **3.** Parents, **4.** Child care programs and early learning programs, **5.** Local educational agencies and schools, **6.** Public health facilities and other clinics and health care providers, **7.** Public agencies or social service agencies and staff in the child welfare system, including child protective service and foster care, **8.** Homeless Family shelters, and **9.** Domestic violence shelters and agencies. **D.** Appoint a service coordinator as specified in Policy 4.1.3; and **E.** Act on a referral as specified in Policy 3.4.3 and Policy 5.5.1.	20 U.S.C. §1435(a)(5) 34 CFR §303.345 34 CFR §303.301 34 CFR §303.302 (a)(b) & (c) 34 CFR §303.303(a)(2)(i) Operations Guide 2.3.1
	2.3.2 Reserved	

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	2.3.3 **A.** LES must accept referrals for children under age 3 who have been involved in a substantiated case of child abuse or neglect; or have been identified as being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure and for whom a developmental delay is indicated. **B.** If the child remains in the home and has not been referred for additional services by DCF, then the LES must accept the referral even without an indication of developmental delay.	20 U.S.C. §1437(a)(6)(A) 20 U.S.C. §1437(a)(6)(B) 34 CFR §303.206 34 CFR §303.303(2)(b) Operations Guide 2.3.3 Department of Children and Families/Department of Health Interagency Agreement (CAPTA)
	2.3.4 **A.** The referral date is the date the referral is received at the LES. **B.** Acceptance of additional information at the time of referral requires parental consent. **C.** When there isn't direct contact at the time of referral and the referral source is notified of referral receipt at a later point in time, **1.** No information may be provided to the referral source besides that information initially provided in the referral, and **2.** This notification of the receipt of referral may be done via letter or telephone. **D.** Even if some of the requested information is not provided, a referral is considered complete as long as there is adequate information to contact the parents/guardian.	20 U.S.C. §1436(c) 34 CFR §303.303 Policy 5.5.1 Operations Guide 2.3.4
	2.3.5 When a child is referred to the LES from a child welfare case worker, the information on the outcome of the child's screening and Evaluation must be forwarded by the LES to the DCF lead agency.	Policy 8.5.6 Department of Children and Families/Department of Health Interagency Agreement (CAPTA)
	2.3.6 The LES must contact the parent of a child referred within five calendar days after receipt of the referral to inform the parent that the referral has been received and to advise them of next steps in the process. The contact must be documented in the child's Early Steps record.	
	2.3.7 If a referral of a toddler to Early Steps is fewer than 45 days before that toddler's third birthday and the toddler may be eligible for Part B, the LES, with parental consent, must refer the toddler to the state Department of Education and the school district for the area in which the toddler resides; but the LES is not required to conduct an evaluation/assessment, determine eligibility or develop an initial IFSP under these circumstances.	34 CFR §303.209(b)(1)(iii) 34 CFR §303.414 Authorization to Disclose Confidential Information

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Component 3.0 First Contacts, Evaluation and Assessment for Eligibility			
Authority:	**IDEA Sections:**	1431, 1432, 1434, 1435, 1436	
	34 CFR Sections:	303.21, 303.25, 303.310, 303.111, 303.320, 303.321, 303.322, 303.344, 303,420, 303.421, 303.430	
	Florida Statutes:	391.301, 391.308	
Intent:	These policies are intended to ensure that a timely, comprehensive multi-disciplinary evaluation to confirm eligibility for early intervention services and a multidisciplinary assessment to determine the child's level of functioning in all the required developmental domains is conducted for infants and toddlers under the age of three referred to Early Steps. These policies ensure identification of the child's unique strengths and needs in each developmental domain and the services appropriate to meet those needs.		
Sections:	3.1.0	Eligibility	Page 35
	3.2.0	First Contacts	Page 37
	3.3.0	Developmental Screening	Page 38
	3.4.0	Evaluation/Assessment	Page 39
	3.5.0	Evaluation	Page 41
	3.6.0	Assessment	Page 42

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3.1.0 Eligibility		
	Policy	**Reference/Related Documents**
	3.1.1 A child under the age of three is eligible for Early Steps if he/she meets one of the following eligibility criteria identified in 3.1.2, 3.1.3, 3.1.4, or 3.1.5.	20 U.S.C. §1432(5)(A) 20 U.S.C. §1434(1) Operations Guide 3.1.1
	3.1.2 **A.** A child is eligible when the child has an established conditions which falls into one of the following areas: **1.** Genetic and Metabolic Disorder, **2.** Neurological Disorder, **3.** Autism Spectrum Disorder, **4.** Severe Attachment Disorder, **5.** Sensory Impairment (vision/hearing), **6.** Infants who weigh less than 1,200 grams at birth; or **7.** Other. **B.** If the child has an established condition, a written confirmation from a licensed physician of the diagnosis is required to establish eligibility OR In the case of (a) severe attachment disorder or autism spectrum disorder, a healthcare practitioner acting within his/her scope of practice or (b) in case of hearing loss, a licensed audiologist. Written confirmation of the diagnosed condition must be in the child's Early Steps record.	34 CFR §303.21(a)(2) Operations Guide 3.1.2 391.308(3)(f), F.S. Established Conditions List
	3.1.3 **A.** A child is eligible when the child has a developmental delay as measured by appropriate diagnostic instruments and procedures and informed clinical opinion that exceeds: **1.** 1.5 standard deviations below the mean in two or more developmental domains, or **2.** 2.0 standard deviations below the mean in one or more developmental domains. **B.** The developmental domains include: **1.** Cognitive, **2.** Physical (including vision and hearing), **3.** Communication, **4.** Social or Emotional, and **5.** Adaptive. **C.** A child's medical and other records may be used to establish eligibility based on developmental delay without conducting an evaluation, if the records: **1.** Indicate the child's level of functioning meets Florida's eligibility criteria as described in 3.1.3 A above or that the child otherwise meets the criteria set forth by Florida's Policy Handbook and Operations Guide, and **2.** Are from within the past 90 days. **D.** Informed clinical opinion may be used to establish a child's eligibility for Early Steps even when an evaluation instrument does not indicate eligibility; however, in no event may informed clinical opinion be used	20 U.S.C. §1432(4)(C) 20 U.S.C. §1432(5)(A)(i) 20 U.S.C. §1435(a)(1) 34 CFR §303.21(a) 34 CFR §303.111 34 CFR §303.203(c) 34 CFR §303.321(a)(3)(i) 34 CFR §303.321(a)(3)(ii) 391.308(3)(b), F.S. 391.308(3)(c), F.S. 391.308(3)(e), F.S. http://ectacenter.org/~pdfs/pubs/nnotes28.pdf

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	to deny a child's eligibility for Early Steps when scores on the evaluation instrument(s) meet Early Steps eligibility criteria.	
	3.1.4 No single procedure will be used as the sole criterion for determining a child's eligibility for Early Steps. Procedures must include: **A.** Taking the child's history (including interviewing the parent), **B.** Identifying the child's level of functioning in each developmental area, **C.** Gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs, and **D.** Reviewing medical, educational, or other records.	34 CFR §303.321(b)
	3.1.5 **A.** A child is eligible based on an at-risk condition if the child has a physical or mental condition known to create a risk of developmental delay. **B.** Written confirmation from a licensed physician is required to establish at-risk eligibility and must be in the child's Early Steps record. **C.** Services for infants and toddlers with a physical or mental condition known to create a risk of developmental delay will include the following: **1.** Individualized family support planning, **2.** Service coordination, **3.** Developmental surveillance, and **4.** family support.	34 CFR §303.5 34 CFR §303.204 391.308(3)(f), F.S. At-Risk Conditions List
	3.1.6 A standard score on an appropriate standardized instrument must be one component of the process to determine eligibility if a child does not have an established conditions or at-risk condition or the child's eligibility is based on medical and other records as outlined in 3.1.3.C.	Policy 3.5.3
	3.1.7 **A.** Children moving to Florida who were receiving a Part C service in another state must meet Florida's eligibility criteria to be enrolled in Early Steps. **B.** When a child and family move within state, the LES should work with the program the family is moving from to ensure necessary information is appropriately transferred.	34 CFR §303.111 Policy 5.5.5 Operations Guide 3.1.7
	3.1.8 **A.** The evaluation and assessment of each child must: **B.** Be conducted by qualified personnel trained to utilize appropriate methods and procedures, **C.** Be based on informed clinical opinion that documents use of multiple sources of information, and **D.** Include a review of pertinent records related to the child's current health status and medical history.	34 CFR §303.321(a)(3)(ii) 34 CFR §303.321(a)(4) Operations Guide 3.1.8
	3.1.9 Eligibility or ineligibility for Early Steps must be documented on the child's IFSP.	34 CFR §303.344(a) Operations Guide 3.1.9

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	3.1.10 If the child is found ineligible for Early Steps, the family must receive a copy of the evaluation results.	Policy 8.2.1 Policy 12.3.6 Operations Guide 3.1.10A
	3.1.11 Determination of continuing eligibility must take place during the annual review of the IFSP for children determined eligible due to developmental delay.	34 CFR §303.321(a)(2)(i) 391.308(4)(b), F.S. Operations Guide 3.1.11
3.2.0 First Contacts		
	Policy	**Reference/Related Documents**
	3.2.1 The first contacts process occurs between referral and the initial evaluation/assessment during the first 44 days of the family's involvement with Early Steps.	Operations Guide 3.2.1
	3.2.2 Initial contact must be made with the family within 5 calendar days from the date the referral is received at the LES.	Operations Guide 3.2.2
	3.2.3 The assigned service coordinator who is an ongoing member of the IFSP team is required to have a conversation with the family prior to the day of the initial evaluation/assessment to gather information to prepare for the evaluation and/or assessment and to provide the family with information about Early Steps.	Policy 4.2.0 Operations Guide 3.2.3
	3.2.4 The first contacts activities must be at times convenient to the family.	Operations Guide 3.2.4
	3.2.5 **A.** For each child who is referred for an evaluation, there must be a family assessment that: **B.** Is voluntary on the part of each family member participating, **C.** Is conducted by personnel trained to utilize appropriate methods and procedures, **D.** Is based on information provided by the family through an assessment tool and personal interview, and **E.** Incorporates the family's description of its resources, priorities, concerns, and everyday routines, activities, and places related to enhancing the child's development.	34 CFR §303.321(a)(1)(ii)(B) 34 CFR §303.321(c)(2) Operations Guide 3.2.5
	3.2.6 During first contacts, the family must be informed of the availability of and provided the contact information for the local Family Resource Specialist (FRS).	

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	3.2.7 A procedure must be in place for the service coordinator to provide IFSP team members with a summary of first contact information, including screening results and the recommendations for the evaluation and assessment team.	Operations Guide 3.2.7
3.3.0 Developmental Screening		
	Policy	**Reference/Related Documents**
	3.3.1 **A.** Although screening is not required during first contacts, a developmental screening with a recommended instrument may be helpful to the evaluation and assessment team when a child does not have an established condition or obvious developmental delay. **B.** If the Local Early Steps (LES) chooses to screen a child: **1.** The screening must be conducted within 45 days of the date the LES has received the referral, **2.** It must provide the parent/guardian notice of its intent to screen and obtain parental consent using the state approved form before conducting the screening procedure, **3.** The parents have the right to request an evaluation at any time during the screening process, **4.** If the parent requests and consents to an evaluation at any time during the screening process, an evaluation of the child must be conducted, and **5.** Provide a copy of the screening results to the family. **C.** When the screening indicates the child may have a developmental delay: **1.** The parent must be notified in writing of the possible delay using Form 1065, Prior Written Notice, and also be provided the Summary of Procedural Safeguards, and **2.** An evaluation and assessment must be conducted after the parent has provided consent. **D.** When the screening indicates the child is functioning at age level in all five developmental domains: **1.** The parent must be notified in writing on the prior written notice form using Form 1065, Prior Written Notice, of the determination and the right to request an evaluation. **2.** The parent must be provided the Summary of Procedural Safeguards. **3.** An evaluation of the child must be conducted if the parent chooses to pursue one.	34 CFR §303.310(a) 34 CFR §303.320(a)(1) 34 CFR §303.420(a)(1) 34 CFR §303.421 34 CFR §303.420(a)(3) 34 CFR §303.320(a)(2) 34 CFR 303.320(a)(3) Policy 8.4.1 Operations Guide 3.2.1 Operations Guide 3.3.1 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

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	3.3.2. Early Steps does not conduct universal screening.	Operations Guide 3.3.2
	3.3.3 Reserved	
	3.3.4 When the screening indicates the child may have a developmental delay but the family does not consent to the evaluation, the LES must: **A.** Document the family's lack of consent to the evaluation in writing. **B.** Explain to the family that the child will not be able to receive an evaluation, assessment, or services unless consent is given. **C.** Explain the nature of the evaluation and assessment and other services that would be available if the child were to meet eligibility criteria.	34 CFR §303.420(b) Operations Guide 3.3.4 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
3.4.0 Evaluation/Assessment		
	Policy	**Reference/Related Documents**
	3.4.1 Consent for the evaluation and/or assessment must be obtained on the state-approved form before testing occurs.	34 CFR §303.420(a) 34 CFR §303.421(a) Operations Guide 3.4.1 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
	3.4.2. The family must receive prior written notice of the scheduled date for the evaluation or assessment within a reasonable amount of time prior to it occurring.	34 CFR §303.421 Policy 8.3.1 Operations Guide 3.4.2
	3.4.3 **A.** The initial evaluation and the initial assessment must be completed within 45 days of the date the LES has received the referral of the child for determination of IDEA, Part C eligibility unless: **1.** The child or parent is unavailable due to exceptional family circumstances that are documented in the child's Early Steps record, or **2.** The parent has not provided consent for either the evaluation or assessment despite repeated attempts by the LES to obtain such consent. The attempts must be documented in the child's Early Steps record. **B.** The initial evaluation/and or initial assessment must still be completed as soon as possible after the documented exceptional circumstances no longer exist or the parent provides consent.	34 CFR §303.310 (a) 34 CFR §303.310 (b) 34 CFR §303.310 (c) 391.301(4)(e), F.S. 391.308(4)(a), F.S. Operations Guide 3.4.3
	3.4.4 For children who are Medicaid eligible, Medicaid requirements for evaluation and assessment must be met.	
	3.4.5 **A.** evaluation and assessments must be: **B.** Multidisciplinary in nature, **C.** Conducted in a nondiscriminatory manner, **D.** Selected and administered so as not to be racially or culturally discriminatory.	34 CFR §303.321(a)
	3.4.6 **A.** The evaluation and assessment of the child must be conducted in the native language of the child unless it is clearly not feasible to do so. **B.** The family assessment, must be conducted in the native language of the family members being assessed, unless it is clearly not feasible to do so.	34 CFR §303.25(a) 34 CFR §303.321(a)(5) 34 CFR §303.321(a)(6) Operations Guide 3.4.6
	3.4.7 The evaluation and/or assessment must include opportunities to observe the child in typical routines/activities.	

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	3.4.8 At least two different individuals in two or more separate disciplines appropriate to address the child's presenting condition(s) must be involved in conducting the evaluation/assessment.	
	3.4.9 In the event of exceptional circumstances that make it impossible to complete the initial evaluation and initial assessment within 45 days (e.g., if a child is ill), LES will: **A.** Document those circumstances. **B.** Develop and implement an interim IFSP, to the extent appropriate and consistent with 34 CFR §303.345(b)(1) and 34 CFR §303.345(b)(2). **C.** Complete the screening (if applicable), the initial evaluation, the initial assessments of the child and family and the initial IFSP meeting as soon as possible after the exceptional circumstances no longer exist.	34 CFR §303.310(c) Policy 5.4.0

3.5.0 Evaluation

	Policy	Reference/Related Documents
	3.5.1 Each child referred to Early Steps must have an initial evaluation, unless the child: **A.** Has an established condition, **B.** Has an at-risk condition, **C.** Has had an evaluation within the past 90 days using one of Florida's recommended evaluation tools or a tool that meets Florida policy as set forth in 3.5.2 below, or **D.** Has screening results that indicate the child is functioning at an age appropriate level.	391.308(3)(a), F.S. Policy 3.5.3 Operations Guide 3.5.1
	3.5.2 Any evaluation must determine the child's developmental status in each of the following domains: **A.** Communication, **B.** Self-help/adaptive, **C.** Cognitive, **D.** Physical (including fine and gross motor and vision and hearing), and **E.** Social/emotional.	34 CFR §303.21(a)(1) 34 CFR §303.321(b)(3) Operations Guide 3.5.2
	3.5.3 Any evaluation must include the following: **A.** Administration of an appropriate standardized evaluation instrument; **B.** Documentation of the child's history (to include interviewing the parent); **C.** Identification of the child's level of functioning in each developmental area; **D.** Gathering information from other sources if necessary, such as family members, other caregivers, medical providers and social workers; and **E.** Review of medical, educational, or other records.	34 CFR §303.321(b) Policy 3.5.2 Operations Guide 3.5.3

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	3.5.4 If the child is determined to not be eligible, the LES must provide the parent with prior written notice, including information about the parent's right to dispute the eligibility determination through dispute resolution mechanisms at Policy 8.1.1	34 CFR §303.322 34 CFR §303.421 34 CFR §303.430 Policy 8.4.1
	3.5.5 The results of any evaluation must be documented on the IFSP.	20 U.S.C. §1436(d)(1) 34 CFR §303.344(a) Operations Guide 3.5.5
	3.5.6 Early Steps shall establish statewide uniform protocols and procedures to determine eligibility for developmental evaluation and early intervention services.	391.308(2)(f), F.S.

3.6.0 Assessment

	Policy	Reference/Related Documents
	3.6.1 Children eligible based on an established condition or developmental delay must receive an initial and ongoing assessment to help identify: **A.** The child's unique strengths and needs and the services appropriate to meet those needs throughout the period of the child's eligibility under Early Steps, and **B.** The family's resources, priorities and concerns, and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child with a disability.	34 CFR §303.321(a)(1)(ii) 34 CFR §303.321(a)(3)(i) Operations Guide 3.6.1
	3.6.2 The assessment of each child must include: **A.** A review of the results of the evaluation, **B.** Personal observations of the child, and **C.** Identification of the needs of the child and family.	34 CFR §303.321(c)(1)
	3.6.3 The results of the assessment must be documented on the Individualized Family Support Plan that serves as the assessment report.	Operations Guide 3.6.3 34 CFR §303.344

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Component 4.0 Service Coordination			
Authority:	**IDEA Sections:**	1415, 1432, 1436, 1439	
	34 CFR Sections:	303.31, 303.34, 303.342, 303.343, 303. 421	
	Florida Statutes:	-	
Intent:	These policies are intended to ensure that children and families eligible for Part C of the Individuals with disabilities Education Act have a service coordinator to assist and enable the child and family to receive the services and rights, including procedural safeguards that are authorized under Early Steps.		
Sections:	4.1.0	Assignment	Page 44
	4.2.0	Responsibilities and Activities	Page 45
	4.3.0	Caseload Size	Page 47
	4.4.0	Qualifications	Page 48

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4.1.0 Assignment		
	Policy	**Reference/Related Documents**
	4.1.1 Each infant or toddler eligible under IDEA, Part C and the child's Family must be provided with one Early Steps service coordinator.	20 U.S.C. §1432(4)(E)(vii) 34 CFR 303.34(a)(2) Policy Handbook 3.1.1
	4.1.2 The method of initial assignment/ selection of service coordinator for a child and Family will be determined by the LES.	Policy Handbook 4.1.5
	4.1.3 A service coordinator must be assigned at the point of referral to Early Steps.	Policy Handbook 2.3.0 Policy Handbook 5.3.9 Operations Guide 4.1.3
	4.1.4 The service coordinator assigned to the child/family must be from the profession most immediately relevant to the child's or family's needs or who is otherwise qualified to carry out all applicable responsibilities, who will be responsible for: **A.** Coordinating all services required under this part across agency lines, **B.** Serving as the single point of contact for carrying out service coordination activities, and **C.** Implementing the early intervention services identified in the IFSP, including transition services, and coordination with other agencies and persons.	20 U.S.C. §1436(d)(7) 34 CFR 303.34(a)(2) 34 CFR §303.344(g)(1) Policy Handbook 4.1.5 Operations Guide 4.1.4
	4.1.5 The service coordinator assigned to the child and family must remain the same from first contacts through service delivery and transition unless: **A.** The needs of the child change in such a way that a different service coordinator would be able to better serve the child and family, **B.** The family requests that a different service coordinator be assigned, **C.** The service coordinator becomes unavailable due to resignation, promotion or extended leave, or **D.** The assigned service coordinator and his/her supervisor determine together that another service coordinator would better serve the child/family.	Policy Handbook 3.2.1 Policy Handbook 8.4.1 Operations Guide 4.1.5
	4.1.6 Changes in service coordinator assignment must be documented on the IFSP, in the case notes and in the Early Steps data system.	Policy Handbook 5.4.2 Policy Handbook 12.3.3 Early Steps Case Note Early Steps Case Note Instructions

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4.2.0 Responsibilities and Activities		
	Policy	**Reference/Related Documents**
	4.2.1 The service coordinator will coordinate all services required under Early Steps across agency lines.	34 CFR 303.34(a)(2)(i)
	4.2.2 The service coordinator will assist parents of infants and toddlers with disabilities in: **A.** Gaining access to and coordinating the provision of early intervention services required under Early Steps, and **B.** Coordinating the additional supports identified in the IFSP that the child or family needs or is receiving.	34 CFR 303.34(a)(3) Policy Handbook 5.3.6 Policy Handbook 6.11.1 Operations Guide 4.2.2 Operations Guide 6.1.19
	4.2.3 The service coordinator will coordinate the performance of evaluations and assessments at times and places convenient to the family.	34 CFR §303.34(b)(3) 34 CFR §303.34(b)(4) 34 CFR §303.343 Policy Handbook 3.5.1 Policy Handbook 3.6.1
	4.2.4 The service coordinator will facilitate and participate in the development and review of IFSPs and schedule a periodic review of the IFSP at least every six months as well as a review of the IFSP at least annually.	Policy Handbook 5.2.2 Policy Handbook 5.5.1 Operations Guide 4.2.4
	4.2.5 The service coordinator will coordinate the funding sources for services required under IDEA, Part C.	20 U.S.C. §1436(d)(7) 34 CFR §303.34(b)(9) Policy Handbook 1.4.5 Policy Handbook 1.4.2 Policy Handbook 1.6.1 Operations Guide 1.4.2 Operations Guide 1.4.6 Operations Guide 1.4.7 Operations Guide 1.6.1
	4.2.6 The service coordinator will: **A.** Assist parents of infants and toddlers with disabilities in gaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families, **B.** Coordinate the provision of the early intervention services and other services identified in a child's IFSP that the child needs or is receiving and that are identified in a child's IFSP, and	34 CFR §303.34(b)(1) 34 CFR §303.34(b)(2) 34 CFR §303.34(b)(7) Policy Handbook 5.3.10 Policy Handbook 6.1.1 Policy Handbook 6.1.2

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	C. Conduct follow up activities to determine that appropriate IDEA, Part C services are being provided.	Policy Handbook 6.1.3
	4.2.7 The service coordinator will collaborate with the family and other IFSP team members to arrange IFSP meetings at times and in settings that are convenient to the family and facilitate the family's participation and the involvement of other IFSP team members.	34 CFR §303.342(d)(1)(i) Policy Handbook 5.1.5 Policy Handbook 5.2.1
	4.2.8 The service coordinator will conduct referral and other activities to assist families in identifying available early intervention service providers.	34 CFR §303.34(b)(5)
	4.2.9 The service coordinator will coordinate, facilitate and monitor the delivery of services required under Early Steps to ensure that the services are provided in a timely manner.	34 CFR §303.34(b)(6) Operations Guide 4.2.9
	4.2.10 The service coordinator will facilitate the development of a transition plan to Pre-kindergarten Program for Children with Disabilities or other appropriate services.	34 CFR §303.34(b)(10) Policy Handbook 5.3.10 Policy Handbook 7.1.2
	4.2.11 The service coordinator will provide prior written notice to parents in a reasonable time before the LES or service provider proposes or refuses to initiate or change the identification, evaluation, or placement of the infant or toddler with a disability, or the provision of appropriate early intervention services to the child or the child's family.	20 U.S.C. §1415(b)(3)(A) 20 U.S.C. §1415(b)(3)(B) 20 U.S.C. §1439(a)(6) 34 CFR §303.421(a) Policy Handbook 5.3.6 Policy Handbook 8.4.1 Operations Guide 4.2.11
	4.2.12 When the language that a family speaks and understands is a language other than English, the service coordinator will arrange for translation and/or interpretation services for IFSP meetings and all services authorized on the IFSP, unless it is clearly not feasible to do so.	20 U.S.C. §1415(b)(3)(A) 20 U.S.C. §1415(b)(3)(B) 20 U.S.C. §1439(a)(6) 34 CFR §303.342(d)(1)(ii) Policy Handbook 8.4.3
	4.2.13 The service coordinator must adequately inform families of their rights and procedural safeguards under IDEA, Part C and related resource.	34 CFR §303.34(b)(8) Policy Handbook 8.4.1
	4.2.14 The service coordinator must follow local procedures to maintain current information for each child in the Early Steps data system.	Policy Handbook 12.3.0

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	4.2.15 The service coordinator must follow local procedures for record keeping to ensure that IFSPs, eligibility documentation, procedural safeguards assurances, correspondence and case notes are current and included in the Early Steps record.	Policy Handbook 12.5.0 Early Steps Case Note Early Steps Case Note Instructions
	4.2.16 **A.** The service coordinator /targeted case manager must: **1.** Conduct a service coordination/targeted case management assessment using a tool of their choice to identify the emotional, social, behavioral, environmental, medical, and developmental needs of the child and family, **2.** File the completed assessment tool in the "evaluation/Assessment" section of the Early Steps record, **3.** Review and update the assessment at least annually, and **4.** Use the assessment information to develop the Targeted Case Management Plan. **B.** When the service coordinator/targeted case manager or parent/guardian determine it is necessary to review or update the TCM Plan more frequently than the annual IFSP meeting, the SC must: **1.** Document the review or update, **2.** Obtain parent or legal guardian signature indicating that they participated in the review/ update or that the Plan was reviewed, and no changes were needed, and **3.** Sign the Plan. **C.** Service Coordination The service coordinator must create targeted case management case notes for every contact or activity with or related to the child/family. **D.** The service coordination/targeted case management assessment, plan and case notes must include all of the required components included in the Florida Medicaid Child Health Services Targeted Case Management Coverage and Limitations Handbook.	Policy Handbook 12.5.2 Early Steps Case Note Early Steps Case Note Instructions
	4.2.17 The service coordinator is required, at a minimum, to make the following contacts with the family: **A.** Face-to-face for initial IFSP meeting, **B.** Face-to-face or phone contact for periodic IFSP reviews, **C.** Face-to-face for annual review of the IFSP, and **D.** Quarterly direct exchange of dialog with family and other providers, as appropriate, by telephone, email, or face-to-face.	Policy Handbook 5.5.1 Policy Handbook 5.6.1 Policy Handbook 5.7.1 Policy Handbook 6.1.2 Policy Handbook 6.12.2 Operations Guide 4.2.17

4.3.0 Caseload Size

	Policy	Reference/Related Documents
	4.3.1 The caseload ratio for all service coordinators to children actively enrolled in the LES must not exceed the state established caseload ratio.	Operations Guide 4.3.1

	4.3.2 Average caseload ratios for those performing a dual role of PSP and service coordinator must not exceed the state established caseload ratio.	Operations Guide 4.3.1 & 4.3. 2
4.4.0 Qualifications		
	Policy	**Reference/Related Documents**
	4.4.1 Service coordinators must meet State approved qualifications and training, as outlined in Policy 10.4.0 and Operations Guide 10.4.0.	34 CFR §303.31
	4.4.2 Service coordinator must demonstrate knowledge and understanding about: **A.** Infants and toddlers who are eligible under IDEA, Part C, **B.** IDEA, Part C and IDEA, Part C regulations, and **C.** The nature and scope of services available under Early Steps, the system of payments for services in the state, and other pertinent information as included in-state approved trainings.	

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Component 5.0 Individualized Family Support Plan (IFSP)			
Authority:	**IDEA Sections:**	1436, 1437	
	34 CFR Sections:	303.12, 303.13, 303.126, 303.209, 303.310, 303.340. 303.342, 303.343, 303.344, 303.345, 303.346, 303.420	
	Florida Statutes:	391.301, 391.308	
Intent:	These policies are intended to ensure that all eligible children and their families have a plan of supports and services that is based on shared assessment information and knowledge, meets the unique needs of each child and family, and is developed in an open forum that supports the collaborative partnership between parents and professionals.		
Sections:	5.1.0	General Authority	Page 50
	5.2.0	Accessibility and Convenience of IFSP Meetings	Page 51
	5.3.0	The Content of the Individualized Family Support Plan (IFSP) for Children with Established Conditions and/or Developmental Delays	Page 51
	5.4.0	Interim IFSP	Page 54
	5.5.0	Initial IFSP for Children with Established Conditions and/or Developmental Delays	Page 54
	5.6.0	Periodic Review of the IFSP	Page 55
	5.7.0	Annual Review of the IFSP	Page 56
	5.8.0	At-Risk IFSP	Page 57

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5.1.0 General Authority		
	Policy	**Reference/Related Documents**
	5.1.1 The Early Steps system shall provide for each child and family to receive a written Individualized Family Support Plan (IFSP) developed by a multidisciplinary team, including the parents.	20 U.S.C.§1436(a)(1) 20 U.S.C.§1436(a)(2) 20 U.S.C.§1436(a)(3) 34 CFR §303.20 34 CFR §303.114 34 CFR§303.340 391.308(1)(b), F.S. 391.308(4)(f)(2), F.S. Policy 3.4.0
	5.1.2 The ESSO shall ensure that a written IFSP is developed and implemented for each eligible infant or toddler.	34 CFR §303.340 391.308(2)(g), F.S. 391.308(4)(f), F.S.
	5.1.3 Local Early Steps (LES) must use the current departmentally approved IFSP.	391.308(2)(g), F.S. Operations Guide 5.1.3
	5.1.4 The following IFSP types should be developed for children closed and re-referred: **A.** A periodic IFSP should be developed for children who were closed, and re-referred, up to 9 months from the date an initial or annual IFSP. **B.** An annual IFSP should be developed for children who were closed, and re-referred, between 9 and 12 months from the date of an initial or annual IFSP. **C.** A second initial IFSP should be developed for children who were closed, re-referred, more than 12 months from the date of the initial IFSP.	
	5.1.5 A copy of the interim IFSP, if applicable, initial and annual review of the IFSP as well as a copy of each periodic review of the IFSP will be provided to the family and all IFSP team members (with parental consent) within 15 calendar days of the IFSP meeting.	Operations Guide 5.1.5
	5.1.6 Each LES or person(s) who has a direct role in the provision of early intervention services is responsible for making a good-faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, IDEA, Part C does not require the LES or person(s) to be held accountable if the child does not achieve the growth projected in the child's IFSP.	34 CFR §303.346

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5.2.0 Accessibility and Convenience of IFSP Meetings		
	Policy	**Reference/Related Documents**
	5.2.1 IFSP meetings are arranged by the service coordinator and held in settings and at times convenient to the family and in the native language of the family or other mode of communication used by the family, unless it is not feasible to do so.	34 CFR §303.342(d)(1) Policy 4.2.7 Policy 8.3.1 Policy 8.3.2 Operations Guide 5.2.1
	5.2.2 The service coordinator must make arrangements for IFSP meetings with the family and other IFSP team members and provide notification in writing early enough before the meeting date to ensure that the family and other participants will be able to attend.	34 CFR §303.342(d)(2) Policy 4.2.7

5.3.0 The Content of the Individualized Family Support Plan (IFSP) for Children with Established Conditions and/or Developmental Delays		
	Policy	**Reference/Related Documents**
	5.3.1 The IFSP must contain a statement of the infant's or toddler's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive skills development, based on the information from the child's evaluation and assessment.	20 U.S.C §1436(d)(1) 34 CFR §303.344(a) Policy 3.5.2 Operations Guide 5.3.1
	5.3.2 With the concurrence of the family, the IFSP must contain a statement of the family's concerns, priorities, and resources related to enhancing the development of the child as identified through the assessment of the family.	20 U.S.C.§1436(d)(2) 34 CFR §303.344(b) Operations Guide 5.3.2
	5.3.3 The IFSP must contain a statement of measurable results or measurable outcomes expected to be achieved for the child and the family, including pre-literacy and language skills, as developmentally appropriate for the child and family.	20 U.S.C. §636(d)(3) 34 CFR §303.344(c) Operations Guide 5.3.3
	5.3.4 The IFSP must contain a statement of the goals, criteria, procedures, and timelines used to determine the degree to which progress toward achieving the measurable results or outcomes identified on the IFSP is being made and whether modifications or revisions of the expected results or outcomes or early intervention services are necessary.	20 U.S.C.§1436(d)(3) 34 CFR §303.344(c) Operations Guide 5.3.4
	5.3.5 The IFSP must contain a statement of the strategies needed in order to meet the child and family's outcomes.	Operations Guide 5.3.5

	5.3.6 The IFSP must include a statement of the specific early intervention services based on peer-reviewed research (to the extent practicable) that are necessary to meet the unique needs of the infant or toddler and the family to achieve the results or outcomes identified on the IFSP, including the following: **A.** Frequency, intensity, and method of delivering services, **B.** Location of the services, **C.** Length of the services, **D.** Funding source or payment arrangements, if any, **E.** Projected dates for initiation of each early intervention services, which must be as soon as possible but within 30 days of the date the parent consents to the service, and **F.** The anticipated duration of these services.	20 U.S.C.§1436(d)(6) 34 CFR §303.344(d) 34 CFR §303.344(f) Policy 6.11.1 Operations Guide 5.3.6
	5.3.7 The IFSP must contain a statement that each early intervention service is provided in the natural environment for that child or service to the maximum extent appropriate and a justification as to why an early intervention service will not be provided in the natural environment.	20 U.S.C.§143 6(d)(5) 34 CFR §303.12(b) 34 CFR §303.344(d)(ii) 34 CFR §303.13(a)(8) 34 CFR §303.344(d)(1)(ii)(A) Policy 6.1.4 Policy 6.1.5 Policy 6.1.6 Operations Guide 5.3.7
	5.3.8 To the extent appropriate, the IFSP must: **A.** Identify any medical and additional supports that the child or family needs or is receiving through other sources, but that are neither required nor funded under IDEA, Part C, and **B.** Include a description of the steps the service coordinator or family may take to assist the child and family in securing additional supports not currently being provided.	34 CFR §303.344(e) Operations Guide 5.3.8
	5.3.9 The IFSP must contain the name of the service coordinator who will be responsible for the implementation of the early intervention services identified in the IFSP, including transition services and coordination with other agencies and persons.	20 U.S.C.§1436(d)(7) 34 CFR §303.344(g)(1) Policy 4.1.1 Policy 4.1.4 Policy 4.1.6 Operations Guide 5.3.9

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	5.3.10 The IFSP must contain steps and services, to support the transition of the toddler with a disability to preschool services, under IDEA, Part B of the Act to the extent those services are appropriate or other services, if appropriate. The steps must include: **A.** Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition, **B.** Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting, **C.** Confirmation that notification information for child find purposes has been transmitted to the local school district and the Department of Education in accordance with the state's notification policies, **D.** With parental consent, the transmission of additional information about the child needed by the local educational agency, to ensure continuity of services from Early Steps to the Prekindergarten Program for Children with Disabilities including a copy of the most recent evaluation and assessments of the child and the family and a copy of the most recent IFSP which has been developed and implemented, **E.** Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.	20 U.S.C.§1436(a)(3) 20 U.S.C.§2436(d)(8) 20 U.S.C.§1437(a)(9)(C) 34 CFR §303.344(h) 391.308(4)(f), F.S. Policy 7.1.2 Operations Guide 5.3.10
	5.3.11 **A.** The contents of the Individuals with Disabilities Education Act (IDEA), Part C must be fully explained to the parents and informed written consent of the parents must be obtained prior to the provision of early intervention services described on the IFSP. **B.** Each early intervention service must be provided as soon as possible but within 30 days of the date the parent consents to the service. **C.** The parents will determine whether to accept or decline any early intervention service at any time, and may decline a service, after first accepting it, without jeopardizing other early intervention services.	20 U.S.C.§1436(e) 34 CFR §303.342(e) 34 CFR §303.420 (a)(3) 34 CFR §303.420 (d)(3) 391.308(4)(f)(2), F.S. Policy 8.5.1 Operations Guide 8.5.1 Operations Guide 5.3.11
	5.3.12 The IFSP must contain family demographic and contact information.	Operations Guide 5.3.12
	5.3.13 The IFSP must contain a statement of eligibility, including recommendations for children not found eligible, as appropriate.	Operations Guide 5.3.13
	5.3.14 The IFSP must contain a description of everyday routines, activities, and places in which the child lives, learns, and plays and individuals with whom the child interacts.	Operations Guide 5.3.14
	5.3.15 The IFSP must contain the identification of the most appropriate IFSP team member to serve as the Primary Service Provider (PSP).	Policy 6.2.2 Operations Guide 5.3.15

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	5.3.16 The requirements for the Targeted Case Management Service Plan, which is developed based on the assessment of the emotional, social, behavioral, environmental, medical and developmental needs of the child/family and updated as needs change, are identified on the Service Coordination/Targeted Case Management Plan on the IFSP.	

5.4.0 Interim IFSP

	Policy	Reference/Related Documents
	5.4.1 With parental consent, an interim IFSP may be written to begin early intervention services for an eligible child who is eligible based on an established condition or developmental delay and the child's family before the completion of the evaluation and/or assessment when determined that early intervention services are needed immediately for the eligible child and the child's family.	34 CFR §303.345(a) Operations Guide 5.4.1
	5.4.2 An interim IFSP must include: **A.** The name of the service coordinator who will be responsible for implementing the interim IFSP and coordinating with other agencies and persons, **B.** Outcomes, if feasible, and to the extent possible, **C.** The early intervention services that have been determined to be needed immediately, and **D.** Signatures of those who developed the IFSP.	34 CFR §303.345(b) Operations Guide 5.4.2
	5.4.3 When an interim IFSP is completed, the evaluation and/or assessment must still be completed and an initial IFSP developed within the 45 day timeframe from the date of referral.	34 CFR §303.345(c)

5.5.0 Initial IFSP for Children with Established Conditions and/or Developmental Delays

	Policy	Reference/Related Documents
	5.5.1 Within 45 calendar days of the date the LES receives the referral for determination of IDEA, Part C eligibility, any screening the LES conducts, the evaluation and/or assessment must be completed and the IFSP team members must be convened by the service coordinator in a face-to-face meeting to develop the initial IFSP for each eligible child and family.	20 U.S.C.§1436(c) 34 CFR §303.310(a) 34 CFR §303.342(a) 391.308(4)(f)(1), F.S.
	5.5.2. **A.** The 45-day timeline does not apply for any period when: **1.** The child or parent is unavailable to complete the screening (if applicable), the initial evaluation, the initial assessments of the child and family, or the initial IFSP meeting due to exceptional circumstances that are documented in the child's Early Steps record, or **2.** The parent has not provided consent for the screening (if applicable), the initial evaluation, or the initial assessment of	34 CFR §303.310(b) 34 CFR §303.310(c) Operations Guide 5.5.2

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	the child, despite documented, repeated attempts by the LES or provider to obtain parental consent. **B.** If the initial IFSP meeting occurs later than 45 calendar days, the LES must: **1.** Document in the Early Steps Record the exceptional family circumstances or repeated attempts by the LES or provider to obtain parental consent, **2.** Document the reason for the delay in the Early Steps data system, **3.** Complete the screening (if applicable), the initial evaluation, the initial assessments (of the child and family) and the initial IFSP meeting as soon as possible after the documented family circumstances no longer exist or parental consent is obtained, and **4.** Develop and implement an interim IFSP, if appropriate.	
	5.5.3 The initial IFSP meeting must include the following persons: **A.** The parent or parent(s) of the child, **B.** Other family members, advocate(s), or person(s) outside the family, as requested by the parent(s), **C.** The service coordinator responsible for implementing the IFSP, **D.** A person(s) directly involved in conducting the evaluation and/or assessment, and **E.** Person(s) who are or will be providing early intervention services to the child or family, as appropriate.	34 CFR §303.343(a)(1)
	5.5.4 If a person directly involved in conducting the evaluation and/or assessment is unable to attend the initial IFSP meeting, arrangements must be made for the person's involvement through other means including one of the following: **A.** Participation in a telephone or video conference call, **B.** Having a knowledgeable, authorized representative attend, or **C.** Making pertinent records available to the participants at the initial IFSP meeting.	34 CFR §303.343(a)(2)
	5.5.5 An initial IFSP must be developed for each eligible child and family that is referred from an IDEA, Part C program in another state to the State of Florida Early Steps system.	
5.6.0 Periodic Review of the Individualized Family Support Plan		
	Policy	**Reference/Related Documents**
	5.6.1 **A.** The IFSP must be reviewed at least every six months from the date of the initial or annual review of the IFSP, or more frequently if conditions warrant, or if the family requests such a review. **B.** For children whose periodic review of the IFSP falls within 45 days prior to their third birthday, the team may also consider during the preceding IFSP meeting, whether any services need to be authorized	20 U.S.C.§1436(b) 34 CFR §303.342(b)(1) 391.308(4)(f)(3), F.S. Operations Guide 5.6.1

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	for a longer period of time to cover the short time period between the final IFSP due date and the child's third birthday.	
	5.6.2 **A.** The purpose of the periodic review for children with an established condition or developmental delays is to determine: **1.** The degree to which progress toward achieving the results or outcomes identified on the IFSP is being made, **2.** Whether modification or revision of the results or outcomes or early intervention services identified on the IFSP is necessary, and **3.** Whether additional needs have been identified based on ongoing assessment/observation. **B.** The purpose of the periodic review for children with an at-risk condition is to discuss the child's current status based on developmental surveillance and/or screening.	34 CFR §303.342(b)(1) 391.308(4)(g), F.S. Policy 3.1.11 Policy 6.12.1 Operations Guide 5.6.2
	5.6.3 The periodic review may be carried out by a meeting or another means that is acceptable to the parent and other participants on the IFSP team. The concurrence of the family must be documented.	34 CFR §303.342(b)(2) Policy 8.4.5 Operations Guide 5.6.3
	5.6.4 **A.** The periodic review of the IFSP must include the following persons: **1.** The parent or parent(s) of the child, **2.** Other family members, advocate(s), or person(s) outside the family, as requested by the parent(s), **3.** The service coordinator responsible for implementing the IFSP, and **4.** Person(s) who are or will be providing early intervention services to the child or family, as appropriate. **B.** If conditions warrant, provisions must also be made for the participation of: **1.** Persons directly involved in conducting the evaluation and/or assessment **2.** Others as needed	20 U.S.C.§1436(b) 34 CFR §303.343(b) 319.301(4)(c), F.S. Operations Guide 5.6.4
5.7.0 Annual Review of the Individualized Family Support Plan		
	Policy	**Reference/Related Documents**
	5.7.1 **A.** A face-to face meeting must be conducted on at least an annual basis by the IFSP team to re-determine eligibility and review the IFSP to revise, change or modify its provisions and assess the continued appropriateness of the outcomes, strategies and recommended services, except as specified in 5.7.1 B and C below. **B.** For children whose annual IFSP due date falls within 45 days prior to their third birthday, the team may also consider during the preceding IFSP meeting, whether any services need to be authorized for a longer period of time to cover the short time period between the final IFSP due date and the child's third birthday; or **C.** If the annual IFSP meeting is due within 45 days prior to a child's third birthday, a face-to-face meeting does not need to occur; however, the	34 CFR §303.342(c) Policy 3.1.11 Operations Guide 3.1.11

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	service coordinator, in collaboration with the IFSP team, must reauthorize any services that will continue until the child's third birthday.	
	5.7.2 If the annual IFSP meeting is held within 9 months prior to the child's third birthday, then the transition conference may be held in conjunction with the annual meeting, if all conditions are met for conducting the transition conference, as stated in Policy 7.3.0 and 7.4.0.	34 CFR 303.209(e) 34 CFR §303.342(c) Policy 7.3.1 Operations Guide 5.7.2
	5.7.3 For children with an established condition or developmental delay, the results of the most current evaluations conducted and other information available from ongoing assessments of the child and family must be considered at the annual review of the IFSP to determine continuing eligibility and the early intervention services that are needed and will be provided.	34 CFR §303.342(c) Policy 3.1.11 Policy 6.12.1 Operations Guide 3.1.11 Operations Guide 5.7.3
	5.7.4 **A.** The annual review of the IFSP must include the following persons: **B.** The parent(s) of the child, **C.** Other family members, advocate(s), or person(s) outside the family, as requested by the parent(s), **D.** The service coordinator responsible for implementing the IFSP, **E.** A person(s) directly involved in conducting the evaluation and/or assessment, and **F.** Person(s) who are or will be providing early intervention services to the child or family, as appropriate.	391.301(4)(c), F.S. 34 CFR §303.343(a)(1) Operations Guide 5.3.16 Operations Guide 5.7.4
	5.7.5 For children with an established condition or developmental delay, if a person directly involved in conducting the most current evaluation and/or assessment is unable to attend the annual review of the IFSP, arrangements must be made for the person's involvement through other means including one of the following: **A.** Participation in a telephone or video conference call, **B.** Having a knowledgeable, authorized representative attend, or **C.** Making pertinent records available to the participants at the annual IFSP meeting.	34 CFR §303.343(a)(2)
	5.7.6 A new IFSP document is developed at the time of the annual meeting.	

5.8.0 At-Risk Individualized Family Support Plan

	Policy	Reference/Related Documents
	5.8.1 The At-Risk IFSP must be developed within 45 days of the referral to Early Steps.	34 CFR §303.310(a) Operations Guide 5.8.1
	5.8.2 The At-Risk IFSP must contain family demographic and contact information.	

	5.8.3 With the concurrence of the family, the At-Risk IFSP must contain a statement of the family's concerns, priorities, and resources related to their child's developmental status and at-risk condition.	
	5.8.4 The requirements for the Targeted Case Management Service Plan, which is developed based on the assessment of the emotional, social, behavioral, environmental, medical and developmental needs of the child/family and updated as needs change, are embedded in the At-Risk IFSP document.	
	5.8.5 The At-Risk IFSP will include the child's health status and the plan for developmental surveillance.	
	5.8.6 The At-Risk IFSP will include the services available for children with at-risk conditions outlined in Policy 3.1.5.	
	5.8.7 The At-Risk IFSP must contain steps and services to support the transition out of Early Steps to preschool services, under IDEA, Part B of the Act to the extent those services are appropriate or other services, if appropriate as outlined in 5.3.10.	

Component 6.0 Early Intervention Services and Supports			
Authority:	**20 U.S.C:**	1402, 1431, 1432, 1435, 1436, 1437	
	34 CFR Sections:	303.2, 303.13, 303.16, 303.101, 303.112, 303.120, 303.203, 303.126, 303.207, 303.321, 303.227, 303.344, 303.511	
	Florida Statutes:	1003.575, 391.301, 391.308, 391.302, 391.302, 391.302, 391.302, 391.302, 391.308,	
Intent:	These policies are intended to ensure that early intervention services and supports appropriately meet the needs of each child and family residing in Florida who are eligible for IDEA, Part C.		
Sections:	6.1.0	General Requirements	Page 60
	6.2.0	Team Based Primary Service Provider Approach	Page 63
	6.3.0	Consultation	Page 64
	6.4.0	Assistive Technology	Page 64
	6.5.0	Health Services	Page 66
	6.6.0	Medical Services	Page 67
	6.7.0	Early Childhood Education	Page 68
	6.8.0	Plan of Care	Page 68
	6.9.0	Reserved	Page 68
	6.10.0	Timeliness of Early Intervention Services and Supports	Page 69
	6.11.0	Closure to Early Steps	Page 69

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6.1.0 General Requirements		
	Policy	**Reference/Related Documents**
	6.1.1 **A.** The Local Early Steps (LES) must offer families access to quality services to enhance the development of infants and toddlers with developmental disabilities and delays and enable them to achieve optimal functional levels. **B.** The ESSO and LES must ensure the availability of the following early intervention services to eligible children and their families: **1.** Assistive Technology Devices and Services, **2.** Audiology, **3.** Family Training, Counseling, and Home Visits, **4.** Health Services, **5.** Medical Services, **6.** Nursing Services, **7.** Nutrition Services, **8.** Occupational Therapy, **9.** Physical Therapy, **10.** Psychological Services (including mental health and behavioral services), **11.** Service Coordination, **12.** Sign Language and Cued Language, **13.** Social Work Services, **14.** Special Instruction, **15.** Speech Language Pathology, **16.** Translation/Interpretation, **17.** Transportation and related costs, and **18.** Vision Services. **C.** The services in B. above are not an exhaustive list of the types of early intervention services. Another type of service may be identified on the IFSP as an early intervention service provided that service meets the criteria in Policies 6.1.7 and 6.1.9.	20 U.S.C. §1432(4)(E) 20 U.S.C. 1437(a)(3)(B) 34 CFR §303.203(a) 34 CFR §303.13(b) 34 CFR §303.13(d) 391.301(4)(a), F.S. 391.308(1)(d), F.S. 391.302(1), F.S. 391.302(2), F.S. 391.302(3), F.S. 391.302(4), F.S. 391.302(7), F.S. Operations Guide 6.1.1
	6.1.2 Early intervention services and supports must be determined by the IFSP team.	20 U.S.C. §1432(4)(C) 34 CFR §303.344(d) Policy 5.3.6 Operations Guide 6.1.2
	6.1.3 LES must ensure that all services authorized by the IFSP team are provided to the child/family.	20 U.S.C. §1431(b)(1) 20 U.S.C. §1431(b)(2) 20 U.S.C. §1431(b)(3) Policy 1.4.3 Operations Guide 6.1.3

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	6.1.4 To the maximum extent appropriate to meet the needs of the child, early intervention services and supports must be provided in natural environment and within the context of everyday routines, activities, and places.	20 U.S.C. §1432(4)(G) 34 CFR §303.13(a)(8) Policy 5.3.7 Policy 5.3.14 Operations Guide 6.1.4
	6.1.5 **A.** Early intervention services are provided in settings other than the natural environment, only when the services and/or outcomes identified by the IFSP team, and documented on the IFSP cannot be achieved satisfactorily for the infant or toddler in a natural environment. **B.** Justification for not providing a particular early intervention service in the natural environment, including the child's everyday routines, activities, and places, must be documented on the IFSP.	20 U.S.C. §1435(a)(16)(B) 20 U.S.C. §1436(d)(5) 34 CFR §303.126 34 CFR §303.344(d)(1) Policy 5.3.7 Operations Guide 6.1.5
	6.1.6 **A.** Local Early Steps may pay a natural environment support fee to providers who are serving a child face to face in their natural environment. This support fee will be in addition to the payment the provider receives for services to the child. **B.** The natural environment support fee can only be billed when the service or IFSP meeting is in the natural environment and the child and parent, or caregiver, is present.	
	6.1.7 Early intervention services and supports must meet the standards of the state and be designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant or toddler's development in any one or more of the following domains: **A.** Physical development, **B.** Cognitive development, **C.** Communication development, **D.** Social or emotional development, and **E.** Adaptive development.	20 U.S.C. §1432(4)(C) 20 U.S.C. §1432(4)(D) 34 CFR§303.13(a)(4) 34 CFR§303.13(a)(5) Operations Guide 3.5.2
	6.1.8 Early intervention services and supports must be provided by qualified personnel.	20 U.S.C. §1432(4)(A) 34 CFR §303.13(a)(7) 34 CFR §303.13(c) Policy 10.1.5
	6.1.9 **A.** Early intervention services and supports must be: **B.** Provided under lead agency supervision, **C.** Selected in collaboration with the parents, and **D.** Provided at no cost to the family except in accordance with the state's system of payment.	20 U.S.C. §1432(4)(B) 34 CFR §303.13(a) Policy 1.5.1 Policy 1.5.5

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	6.1.10 Early intervention services and supports must be provided in a way that enhances family/caregiver competence, confidence and capacity to meet their child's developmental needs and desired outcomes.	20 U.S.C. §1436(a)(2) Operations Guide 6.1.10
	6.1.11 Each LES will be assigned a geographic area of the state so that resources under the IDEA, Part C will be available for all geographic areas of the state.	20 U.S.C. §1437(a)(7) 34 CFR §303.101 34 CFR §303.207
	6.1.12 A child may be enrolled in only one LES at any given time; however, the LES may establish provider agreements with providers outside of the geographical area to meet service needs determined by the IFSP team.	Operations Guide 6.1.12
	6.1.13 The IFSP team will: **A.** Ensure that services are necessary to meet the unique needs of the child and family to achieve the results or outcomes identified on the IFSP, and **B.** Help each family use available resources in a way that maximizes the child's access to services that are necessary to achieve the outcomes identified on the IFSP.	34 CFR §303.344(d)(1) 391.308(1)(d), F.S. Policy 5.3.6 Operations Guide 6.1.13
	6.1.14 LES must ensure that families have access to culturally competent services within their local geographic area.	34 CFR §303.227(b) Operations Guide 6.1.14
	6.1.15 Early intervention services and supports must be based on the priorities, concerns and resources of the family as well as the evaluation and assessment results.	34 CFR §303.321 Policy 5.1.1 Policy 5.3.2
	6.1.16 Early intervention services and supports decisions, including decisions about location and methods of service delivery and whether a service is provided in-person or virtually, must not be based solely on the following: **A.** A specific diagnosis, **B.** Provider/therapist bias, **C.** Nature or severity of disability, **D.** Age of child, **E.** Availability of services, **F.** Availability of space, **G.** Administrative convenience, **H.** Payment method or amount, or **I.** Preference of any single IFSP team member.	34 CFR §303.321
	6.1.17 Early intervention services must be based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the state and infants and toddlers with disabilities who are homeless children and their families.	20 U.S.C. §1435(a)(2) 34 CFR §303.101.(a) 34 CFR §303.112

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	6.1.18 The minimum frequency and intensity of supports and services necessary to achieve progress toward an identified outcome must be used as the initial point of consideration by the IFSP team.	Operations Guide 6.1.18
	6.1.19 **A.** If the IFSP team determines that face-to-face Part C services cannot be provided, teleintervention is an alternative option for the provision of services as necessary to meet the individualized needs of the child and family. **B.** Services provided via virtual or electronic means must be compliant with the Health Insurance Portability and Accountability Act (HIPAA) and the family Educational Rights and Privacy Act (FERPA). **C.** All Medicaid requirements must be followed when providing teleintervention services to Medicaid recipients. **D.** Teleintervention services must be provided in compliance with standards established by the respective licensing or certifying board of the professional providing the services. **E.** The physical environments of the child/family and the distant site provider must ensure that personally identifiable and protected health information remains confidential. **F.** Payer of last resort requirements must be followed when authorizing teleintervention.	Operations Guide 6.1.19 Policy 6.1.16
	6.1.20 If a family temporarily moves out of Florida, services Including telehealth, cannot be provided until they return; however, the team should provide the family with developmental resources specific to the child's needs until they return and re-engage in services.	
6.2.0 Team-Based Primary Service Provider Approach		
	Policy	**Reference/Related Documents**
	6.2.1 Each LES must implement a team-based primary service provider approach to service delivery. This approach includes the identification of a lead provider in the interaction with the family and child with a disability or developmental delay. **A.** A team based PSP approach is a family-centered,-capacity building method to intervene with infants and toddlers with disabilities or developmental delays and their families. **B.** The IFSP identifies how each provider will share expertise through direct service provision, consultation and coaching with other providers to support and strengthen the family's confidence and competence in promoting their child's learning and development. **C.** The PSP is the identified lead professional on the IFSP team that works with the family/primary caregivers on a regular basis and with other members of the IFSP team, including others also providing services directly. The PSP may accomplish this through direct	Policy 5.3.15 Operations Guide 6.2.1

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	services, co-visits or consultation, as appropriate to meet identified outcomes.	
	6.2.2 Reserved	
	6.2.3 The IFSP team must ensure that each child is supported by a team of individuals who have expertise necessary to meet the needs of the child and family. The team members will work together to provide support and direction to one another.	Operations Guide 3.2.7 Operations Guide 6.2.3
	6.2.4 The IFSP team can add specialists, as appropriate, to address the individualized needs of infants and toddlers served.	Operations Guide 6.2.4

6.3.0 Consultation

	Policy	Reference/Related Documents
	6.3.1 The date and time of the consultation must be shared with the family prior to the meeting. When the family wants to participate in the consultation, the professionals must accommodate this request.	Operations Guide 6.3.1
	6.3.2 The state-approved Consultation form must be completed and submitted to the LES when consultation among IFSP team members occurs.	Operations Guide 6.3.2 Consultation form Consultation form-e

6.4.0 Assistive Technology

	Policy	Reference/Related Documents
	6.4.1 An assistive technology assessment must be completed before purchasing an assistive technology device to assist the IFSP team in determining if assistive technology is necessary to meet an identified outcome.	Policy 3.4.5 Policy 3.4.6 Policy 3.4.7 Policy 3.6.3
	6.4.2 The assistive technology assessment must be conducted by the IFSP team.	Operations Guide 6.4.2
	6.4.3 The IFSP team must include at least one of the following for children needing an assistive technology assessment: **A.** Audiologist, **B.** Local Assistive Technologist (LATS), **C.** Occupational Therapist, **D.** Physical Therapist, and/or **E.** Speech-Language Pathologist.	
	6.4.4 Recommendations from the assistive technology assessment must include needed services, supports and devices determined necessary by	Operations Guide 6.4.4

	the IFSP team to assist the child to achieve an identified outcome. The Assistive Technology Assessment form may be used for this purpose.	
	6.4.5 Reserved	
	6.4.6 **A.** If a vendor accepts Medicaid, it is considered payment in full. **B.** Equipment that is not covered by Medicaid's Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook, which is purchased from an assistive technology vendor, should be reimbursed at no more than 80% of the usual and customary charge to the general public. **C.** If the vendor is unwilling to accept a reduced amount and bills the parents for the remaining difference for a child without Medicaid, the parents are not required to pay and Part C funds may be used to cover the remaining balance.	Policy 1.8.6 Policy 1.4.5 Policy 1.4.10 Policy 1.8.7 Policy 1.5.5 Operations Guide 6.4.6
	6.4.7 The IFSP team must follow Medicaid's durable medical equipment requirements for Medicaid recipients when purchasing assistive technology devices.	Florida Medicaid Durable Medical Equipment and Medical Supplies Handbook
	6.4.8 Any needed assistive technology device must be available to enable the child/family to benefit from other early intervention services.	
	6.4.9 LES that maintain lending libraries for assistive technology devices must develop local procedures that outline the rights and responsibilities of families regarding the lending and returning of such devices.	Operations Guide 6.4.9
	6.4.10 Assistive technology does not include a medical device that is surgically implanted, or the replacement of such device.	20 U.S.C. §1402(1)(B) 34 CFR §303.16(c)
	6.4.11 LES must inform families who are temporarily provided assistive technology devices or who use the lending library, of their right to request that an assistive technology device be transferred with the child when transitioning to another agency if the child will profit from continued use of the device.	1003.575, F.S. Operations Guide 6.4.11 Florida Interagency Agreement for the Transfer of Assistive Technology
	6.4.12 Families that decide to request the transfer of a loaned assistive technology device must do so in writing.	1003.575, F.S. Operations Guide 6.4.12 Florida Interagency Agreement for the Transfer of Assistive Technology

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	6.4.13 The LES must acknowledge receipt of a written request to transfer a loaned assistive technology device and return a signed copy of the request to the family within 10 working days.	1003.575, F.S. Operations Guide 6.4.13 Florida Interagency Agreement for the Transfer of Assistive Technology
	6.4.14 The LES must notify the family of approval or denial of the transfer of a loaned assistive technology device within 30 working days of the written request.	1003.575, F.S. Operations Guide 6.4.14 Florida Interagency Agreement for the Transfer of Assistive Technology

6.5.0 Health Services

	Policy	Reference/Related Documents
	6.5.1 Health services are an early intervention service only when they are necessary to enable an eligible infant or toddler to benefit from the other early intervention services or supports during the time the child is eligible to receive early intervention services.	20 U.S.C. §1432(4)(E)(x) 34 CFR §303.16(a) Operations Guide 6.5.1
	6.5.2 Health services include the following: **A.** Clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services, and **B.** Consultation by physicians with other service providers concerning the special health care needs of eligible infants and toddlers with disabilities that will need to be addressed over the course of providing other early intervention services.	FR §303.16(b)
	6.5.3 Health services do not include the following: **A.** Services surgical in nature (such as cleft palate surgery, surgery for club foot, cochlear implants, or the shunting of hydrocephalus), **B.** Services purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose), **C.** Services related to the implementation, optimization (e.g., mapping) maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant. **1.** Nothing in this policy limits the rights of the infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services	34 CFR §303.16(c)

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	that are identified in the child's IFSP as being needed to meet the child's developmental outcomes. **2.** Nothing in this policy prevents the service provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly. **D.** Devices such as heart monitors, respirators and oxygen and gastrointestinal feeding tubes and pumps necessary to control or treat a medical condition. **E.** Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.	

6.6.0 Medical Services

	Policy	Reference/Related Documents
	6.6.1 Medical services are an early intervention service only when provided by a licensed physician to infants and toddlers for diagnostic or evaluation purposes to assist the LES in determining a child's developmental status, eligibility for Early Steps and need for early intervention services or supports.	20 U.S.C. §1432(4)(E)(viii) 34 CFR §303.13(b)(5) Operations Guide 6.6.1

6.7.0 Early Childhood Education

	Policy	Reference/Related Documents
	6.7.1 While child care itself is not considered an early intervention service, the IFSP team may determine that Early Steps fund a portion of child care costs (Early Child Education) for a particular child when the child needs supervised participation with same aged peers who do not have disabilities and no other socialization or peer opportunities are available in the child's daily routines.	Operations Guide 6.8.1 2/27/1995 OSEP Letter to Ms. Sheryl Dicker
	6.7.2 When the family decides to place the child in a child care setting for any time beyond that identified in the IFSP, Early Steps is not responsible for payment of the additional child care costs.	2/27/1995 OSEP Letter to Ms. Sheryl Dicker

6.8.0 Plan of Care

	Policy	Reference/Related Documents
	6.8.1 The designated service provider must develop a Plan of Care for all children receiving early intervention sessions through Early Steps, regardless of Medicaid eligibility.	Policy 12.5.3 Florida Medicaid Early Intervention Services Coverage and Limitations Handbook

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	6.8.2 Reserved	
	6.8.3 When the IFSP is being used as the Plan of Care for a child receiving Medicaid, the requirements set forth in the Medicaid Early Intervention Services Coverage and Limitations Handbook must be followed.	

6.9.0 Reserved

Policy	Reference/Related Documents

6.10.0 Timeliness of Services

	Policy	Reference/Related Documents
	6.10.1 Early intervention services and supports will be delivered in a timely manner, which is defined by Early Steps to be as soon as possible, but within 30 calendar days from when the family consented to the service unless there is documentation of a child or family related issue or natural disaster which caused the delay.	20 U.S.C. §1435(a)(10)(D) 34 CFR §303.120(d) 34 CFR §303.344(f) 34 CFR §303.511(a) 34 CFR §303.511(d) 391.301(4)(e), F.S. Operations Guide 6.11.1

6.11.0 Closure to Early Steps

	Policy	Reference/Related Documents
	6.11.1 At the periodic review or annual meeting to review the IFSP, the IFSP team may decide to end early intervention services and close the child/family to Early Steps. This decision should be made whenever the child is functioning comparably to same age peers and no longer meets the eligibility criteria for Early Steps. **A.** In this situation, a plan for transitioning out of Early Steps is discussed, termination dates decided, and, at the appropriate time, the child's record is closed. **B.** Prior to closure, the service coordinator must: **1.** Provide the family with developmentally appropriate materials necessary for the child to continue making developmental gains, and **2.** Instruct the family how to reinitiate a referral to Early Steps if new concerns arise.	Policy 5.6.2 Policy 8.4.5 Operations Guide 5.6.1 Operations Guide 5.7.3
	6.11.2 **A.** A child may be closed to Early Steps if the service coordinator makes at least three consecutive unsuccessful attempts to contact the family that include all of the following: **1.** Attempts are made on different days and at different times,	Policy 2.3.4 Operations Guide 6.12.2

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	2. All attempts are made prior to the date of any scheduled IFSP meetings and transition conferences, 3. At least two different methods of contact are used, 4. Attempts to contact are completed over a period of time no less than 10 days, 5. The child's early intervention providers are contacted to inquire about the family's status, and the early intervention providers confirm that they are also unable to make any contact with the family. 6. One contact attempt offers the review of the IFSP to determine if the outcomes, authorized services/supports, and/or providers are not meeting the needs of the family, and 7. All attempts are documented in the child's record.	
	6.11.3 Early Steps services must be terminated by the child's third birthday. IDEA, Part C funds may only be used on or beyond a child's third birthday for the following reasons: **A.** Fund a service coordinator's attendance at an initial IEP meeting for a child transitioning from IDEA, Part C to IDEA, Part B; **B.** Pay for the administration of the exit evaluation for child outcome measurement; or **C.** Provide compensatory services after a child's third birthday, as justified and authorized on the IFSP, because it has been determined, via one of the following means, that services have been delayed or interrupted due to some failure on the part of the LES or service provider. 1. Hearing decision, 2. State complaint decision, 3. Mediation agreement, or 4. Finding through other general supervision activities.	Operations Guide 6.12.3
	6.11.4 IDEA, Part C does not apply to any child with disabilities receiving a free appropriate public education (FAPE) in accordance with 34 CFR, Part 300.	20 U.S.C. §1419(h) 34 CFR §303.2(b)(2) Operations Guide 6.12.4

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Component 7.0 Transitions			
Authority:	**IDEA Sections:**	1436, 1437	
	34 CFR Sections:	99, 300.111, 300.124, 303.209, 303.301, 303.401, 303.414	
	Florida Statutes:	391.308	
Intent:	These policies are intended to ensure a smooth, seamless transition for children participating in Early Steps and their families when exiting at age three to the local school district or other early care and education programs throughout the state and to assist families in preparing for transitions to other settings or changes in service delivery.		
Sections:	7.1.0	Transition Planning	Page 72
	7.2.0	Notification	Page 72
	7.3.0	Transition Conference-For Children Who May Be Eligible for School District Prekindergarten Program for Children with Disabilities	Page 74
	7.4.0	Transition Conference-For Children Who May Not Be Eligible for School District Pre-kindergarten Program for Children with Disabilities	Page 74
	7.5.0	Referral to School District Prekindergarten Program for Children with Disabilities	Page 75
	7.6.0	Referral to Other Early Care and Education Programs	Page 75
	7.7.0	Initial IEP Meeting	Page 76
	7.8.0	Other Transitions	Page 76

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7.1.0 Transition Planning		
	Policy	**Reference/Related Documents**
	7.1.1 Transition planning must occur when a child transitions out of a LES for any reason.	Policy 7.8.1
	7.1.2 An individualized IFSP transition plan must: **A.** Be completed for all children not fewer than 90 days and, at the discretion of all parties, not more than 9 months before the child's third birthday to assist with exiting Early Steps at age three, **B.** Include steps for the toddler with a disability and family to exit Early Steps, and **C.** Include any needed transition services that the IFSP team has identified as needed by the toddler and family.	20 U.S.C.§1436(d)(8) 20 U.S.C.§1437(a)(9)(C) 34 CFR §303.209(d)(2) 34 CFR §303.209(d)(3) Policy 5.3.10 Operations Guide 7.1.2
	7.1.3 In preparing for transition planning: **A.** The LES will inform parents, not fewer than 90 days prior to the child's third birthday, of the availability of services in the school district Prekindergarten Program for Children with Disabilities and will review the child's options for the period from the toddler's third birthday through the remainder of the school year, in collaboration with the Local Educational Agency (LEA) and with the involvement of the family. **B.** Families must be included in any meeting to develop the transition plan for children transitioning from Early Steps to preschool, other appropriate services or exiting the program at age three. **C.** Any transition conference or meeting to develop the transition plan may be combined into one meeting with an IFSP meeting and must meet the requirements regarding accessibility and convenience of IFSP meetings and requirements per policies 5.2.1, 5.2.2, 5.7.4, and 7.3.1.	20 U.S.C.§1437(a)(9)(A)(i) 20 U.S.C. §1437(a)(9)(B) 34 CFR §303.209(d)(1) 34 CFR §303.209(d)(1)(ii) 34 CFR §303.209(e) 34CFR §303.301(c) 391.308(7) 391.308(7)(a) Operations Guide 7.1.3

7.2.0 Notification		
	Policy	**Reference/Related Documents**
	7.2.1 Not fewer than 90 days before the child's third birthday, the LES must provide notification to the local school district in which the child resides for child find purposes and the Department of Education (DOE) that the child may be eligible for preschool services under the Prekindergarten Program for Children with Disabilities, unless the parent chooses to opt-out of notification. Parental consent is not required for Early Steps to notify the DOE and the local school district where the child resides and such notification will occur in the absence of an objection by the parent.	20 U.S.C. §1437(a)(9)(A)(ii)(I) 34 CFR §300.111(a)(1)(i) 34 CFR §303.209(b)(2) 34 CFR §303.209(b)(i) 34 CFR §303.401(d)(1) 391.308(7)(b)(1) Operations Guide 7.2.1

	7.2.2. Notification must include the following information: **A.** Child's name, **B.** Child's date of birth, and **C.** Parent contact information, including parents' names, addresses, and telephone numbers.	20 U.S.C. §1437(a)(9)(A)(ii)(I) 34 CFR §300.111(a)(1)(i) 34 CFR §303.401(d)(1) Notification Cover Letter
	7.2.3 **A.** For children who become eligible for Early Steps 90 days or more before their third birthday, prior to the required notification date discussed in Policy 7.2.1, the LES must: **1.** Provide the Understanding Notification brochure to the parents, and **2.** Explain DOE and school district notification and the opt-out option. **B.** For children who become eligible for Early Steps less than 90 days before their third birthday, on the date the child is determined eligible for Early Steps, the LES must: **1.** Provide the Understanding Notification brochure to the parents, and **2.** Explain DOE and school district notification and the opt-out option.	34 CFR §303.209(b)(2)) Understanding Notification Brochure - Spanish Understanding Notification Brochure - Creole
	7.2.4 If a child is determined eligible for Early Steps more than 45 but less than 90 days before the child's third birthday and may be eligible for the school district Prekindergarten Program for Children with Disabilities, as soon as possible after determining the child's Early Steps eligibility, the LES must notify the local school district for the area in which the child resides and the DOE that the child on his or her third birthday will reach the age of eligibility for preschool services.	34 CFR §303.209(b)(ii) Notification Cover Letter
	7.2.5 The date the parent was informed of the intent to provide notification to the DOE and the school district must be on or after the child's eligibility determination date and documented in the Early Steps data system.	34 CFR §303.209(b)
	7.2.6 Parents of Early Steps eligible children will be asked to indicate in writing, using the required Notification Opt-Out Form, whether they choose to opt-out of DOE and school district notification. If a parent signs the Notification Opt-Out form, Notification must not be provided. Parents will indicate their choice as follows: **A.** No later than the initial IFSP meeting for children who become eligible for Early Steps less than 90 days prior to the child's third birthday, or **B.** Prior to the required notification date discussed in Policy 7.2.1 for all other children.	34 CFR §303.401(e) Notification Opt-Out Form - Spanish Notification Opt-Out Form - Creole

	7.2.7 The LES will document in the child's Early Steps record and in the Early Steps data system: **A.** Whether the parent chose to opt-out of notification, and **B.** The dates notification was provided to the school district and the DOE.	Operations Guide 7.2.7
	7.2.8 The LES must obtain parental consent to share any personally identifiable information beyond the notification information specified in Policy 7.2.2.	34 CFR §99 34 CFR §303.414 Policy 8.5.2 Policy 8.5.3

7.3.0 Transition Conference-For Children Who May Be Eligible for School District Prekindergarten Program for Children with Disabilities

	Policy	Reference/Related Documents
	7.3.1 In the case of a child who may be eligible for the school district Prekindergarten Program for Children with Disabilities, the LES must, with approval of the family, convene a conference among the LES, the family, and the local school district not less than 90 days and, at the discretion of all such parties, not more than 9 months before the child's third birthday.	20 U.S.C.§1437(a)(9)(A)(ii)(II) 34 CFR §303.209(c)(1) Operations Guide 7.3.1
	7.3.2 **A.** The following individuals must be present for the transition conference for a child potentially eligible for the school district Prekindergarten Program for Children with Disabilities: **1.** family, and **2.** Service coordinator or designee. **B.** Local school district representative, with approval of the family, must be invited. If the family does not give approval for school district staff to be invited, an invitation must not be extended.	20 U.S.C.§1437(a)(9)(A)(ii)(II) 34 CFR 300.124 34 CFR §303.209(c)(1) Operations Guide 7.3.2

7.4.0 Transition Conference - For Children Who May Not Be Eligible for the School District Prekindergarten Program for Children with Disabilities

	Policy	Reference/Related Documents
	7.4.1 In the case of a child who may not be eligible for the school district Prekindergarten Program for Children with Disabilities:, the LES must, with approval of the family, make reasonable efforts to convene a conference among the LES, the family, and providers of other appropriate services for the child before the child's third birthday to discuss appropriate services that the child may receive.	34 CFR §303.209(c)(2)

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	7.4.2 **A.** The following individuals must be present for the transition conference for a child not potentially eligible for the school district Prekindergarten Program for Children with Disabilities: **1.** family, and **2.** Service coordinator **B.** Other potential service providers, with approval of the family, must be invited.	20 U.S.C.§1437(a)(9)(A)(ii)(III) 34 CFR §303.209(c)(2) Policy 4.2.6 Policy 4.2.10 Operations Guide 7.4.2

7.5.0 Referral to the School District Prekindergarten Program for Children with Disabilities

	Policy	Reference/Related Documents
	7.5.1 With parental consent, the LES must refer all children who are potentially eligible for the school district Prekindergarten Program for Children with Disabilities to the local school district, and document the referral in case notes and on the IFSP transition plan.	Policy 8.5.2 Policy 2.3.7 Operations Guide 7.5.1 Early Steps Case Note Early Steps Case Note Instructions
	7.5.2 The following information must be included with a referral to the school district Prekindergarten Program for Children with Disabilities, with parental consent, **A.** Current IFSP, **B.** evaluations and assessments completed within the past 6 months, **C.** Any hearing and vision screening(s) completed within the past 6 months, **D.** Copy of consent for release of information for the local school district, and **E.** Any additional information available in the Early Steps record required by the receiving agency and specified on the consent for release of information form.	391.308(7)(d) 391.308(7)(e) Policy 8.5.2 Policy 8.5.3 Operations Guide 7.5.2

7.6.0 Referral to Other Early Care and Education Programs

	Policy	Reference/Related Documents
	7.6.1 With parental consent, the LES must refer all children not potentially eligible for the school district Prekindergarten Program for Children with Disabilities to Head Start, the Agency for Persons with Disabilities, early care and education programs or other community options as determined by the IFSP team, and document the referral in case notes and on the IFSP transition plan.	391.308(7)(e) Policy 8.5.2 Operations Guide 7.6.1 Early Steps Case Note Early Steps Case Note Instructions

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	7.6.2 The following information must be included with a referral to the early care and education program in preparation for transitioning at the age of three: **A.** Copy of the consent for release of information for the early care and education program, and **B.** Any information in the Early Steps record that is required by the receiving program and specified on the consent for release of information form.	391.308(7)(e) Policy 8.5.2 Policy 8.5.3
7.7.0 Initial Individual Educational Plan (IEP) Meeting		
	Policy	**Reference/Related Documents**
	7.7.1 When the service coordinator or other LES representative is invited to the initial IEP meeting, he/she must make reasonable effort to participate in the meeting.	Operations Guide 7.7.1
7.8.0 Other Transitions		
	Policy	**Reference/Related Documents**
	7.8.1. The LES must assist families in preparing for transitions to new settings and changes in service delivery even when the child is not turning three years of age and/or leaving Early Steps.	Policy 6.12.1 Operations Guide 7.8.1 Operations Guide 5.6.1.D.1

Component 8.0 Procedural Safeguards		
Authority:	**20 U.S.C Section:**	1412, 1415, 1417, 1435, 1439, 1442
	34 CFR Sections:	99.10 , 99.11, 99.20, 99.30, 99.31, 99.32, 99.33, 99.34, 99.35, 99.36, 303.400, 303. 401, 303.402, 303.403, 303.404, 303.405, 303.406, 303.407, 303.408, 303.409, 303.410, 303.411, 303.412, 303.413, 303.414, 303.415, 303.416, 303.417. 303.420, 303.421, 303.422, 303.430, 303.431, 303.432, 303.433, 303.434, 303.440, 303.441, 303.442, 303.443, 303.444, 303.445, 303.446, 303.447, 303.448, 303.449, 303.7, 303.520
	Florida Statutes:	39.201, 39.202, 391.308, 381.0022, 402.115, 415.1034
Intent:	These policies are intended to ensure that infants and toddlers and their families are guaranteed procedural safeguards with respect to the provision of early intervention services.	

Sections:			
	8.1.0	Minimum Procedures	Page 78
	8.2.0	Confidentiality and Opportunity to Examine Early Steps Records	Page 78
	8.3.0	Use of Native Language	Page 83
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	8.5.0	Parental Consent	Page 85
	8.6.0	Reserved	Page 88
	8.7.0	Reserved	Page 88
	8.8.0	Assignment of a Surrogate Parent	Page 88
	8.9.0	Right to Mediation	Page 89
	8.10.0	Right to Due Process Hearing	Page 91
	8.11.0	Right to File a Complaint	Page 98

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8.1.0 Minimum Procedures		
	Policy	**Reference/Related Documents**
	8.1.1 The Early Steps State Office (ESSO) shall adopt the procedural safeguards in the provisions of Part C of IDEA and provide, at minimum, the procedural safeguards outlined in Policy 8.2.0 through 8.11.0. This includes written procedures for the timely administrative resolution of complaints through mediation, complaint procedures, and due process procedures.	U.S.C. §1415 U.S.C. §1439 34 CFR §303.400(a) 34 CFR §303.430(a) Operations Guide 8.1.1 Summary of Procedural Safeguards - IDEA, Part C - English Summary of Procedural Safeguards - IDEA, Part C - Spanish Summary of Procedural Safeguards - IDEA, Part C - Creole
	8.1.2 The ESSO shall ensure that families are adequately informed of their rights and that procedural safeguards are implemented throughout the early intervention process.	U.S.C. §1415 U.S.C. §1439 34 CFR §303.400(b)

8.2.0 Confidentiality and Opportunity to Examine Early Steps Records		
	Policy	**Reference/Related Documents**
	8.2.1 ESSO, Local Early Steps and service providers will ensure the confidentiality of personally identifiable information, data and records collected, used or maintained by ESSO or the LES, including the right of parents to written notice of and written parental consent to the exchange of personally identifiable information among agencies, consistent with federal and state law. This applies from the time the child is referred to Early Steps until the agency is no longer required to maintain this information.	34 CFR §303.401(a) 34 CFR §303.401(c)(1) 34 CFR §303.401(c)(2) 34 CFR §303.414(b) 34 CFR §303.520(a) 34 CFR §303.520(b) 34 CFR §99.30 Summary of Procedural Safeguards - IDEA, Part C - English

		Summary of Procedural Safeguards - IDEA, Part C - Spanish Summary of Procedural Safeguards - IDEA, Part C - Creole
	8.2.2 The protections of the family Educational Rights and Privacy Act (FERPA) regarding the confidentiality of personally identifiable information apply to families served by Early Steps.	U.S.C. §1417(c) U.S.C. §1442 34 CFR §303.401(b) 34 CFR §303.402 34 CFR §99.31 34 CFR §99.33 34 CFR §99.34 34 CFR §99.35 34 CFR §99.36 34 CFR §99.37
	8.2.3 Local Early Steps must ensure that parents have the opportunity to inspect and review all Early Steps records about the child and child's family that are collected, maintained, or used relating to evaluations and assessments, screenings, eligibility determinations, development and implementation of the IFSP, provision of early intervention services, individual complaints involving with the child, and any other Early Steps records involving the child and family, including records maintained by the LES or a person or agency acting on behalf of the LES.	U.S.C. §1439(a)(4) 34 CFR §303.401(b)(2) 34 CFR §303.405(a) 34 CFR §99.10
	8.2.4 LES must provide parents, upon request, a list of the types and locations of Early Steps records kept on their child, where they are maintained and how they can gain access to them.	U.S.C. §1412(a)(8) U.S.C. §1417(c) 34 CFR §303.408 34 CFR §99.30
	8.2.5 LES will respond to and comply with a parent's request to inspect and review their child's Early Steps records without unnecessary delay and before any meeting regarding an IFSP or due process hearing, but not more than 10 days after a request has been made.	34 CFR §303.405(b) 34 CFR §99.10

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	8.2.6 **A.** LES or service providers must make available to parents an initial copy of the Early Steps record, at no cost to the parents. **B.** LES or service providers may charge a fee for copies of the Early Steps records, but only if such a fee does not prevent the parent from inspecting and reviewing the record. This does not include a copy of each evaluation, assessment of the child, family assessment, and IFSP as soon as possible after each IFSP meeting at no cost. **C.** LES or service providers may not charge a fee to search for or collect information.	U.S.C. §1412(a)(8) U.S.C. §1417(c) 34 CFR §303.400(c) 34 CFR §303.405(b)(2) 34 CFR §303.409 Operations Guide 8.2.6
	8.2.7 The family of the child has the right to have someone from the LES or the service provider explain or interpret any item in the Early Steps record that the family does not understand.	34 CFR §303.405(b)(1) Summary of Procedural Safeguards - IDEA, Part C - English Summary of Procedural Safeguards - IDEA, Part C - Spanish Summary of Procedural Safeguards - IDEA, Part C - Creole
	8.2.8 **A.** If the parent feels that any statement in the Early Steps records is wrong or misleading, or violates the privacy or other rights of the child, he/she may submit a written request for the LES or service provider to change it. The LES or service provider must either change such statement(s) in a reasonable period of time or formally refuse to do so. **B.** If the LES or service provider refuses to do so, the parents must be informed in writing of that refusal, be advised of the right to dispute the decision to refuse to change the record and advised of the right to a hearing. The hearing must be in accordance with FERPA procedures.	U.S.C. §1412(a)(8) U.S.C. §1417(c) U.S.C. §1439(a)(4) 34 CFR §99.20 34 CFR §303.410(a) 34 CFR §303.410(b) 34 CFR §303.410(c) 34 CFR §303.413
	8.2.9 Parents have the right to have a representative inspect and review the Early Steps record.	34 CFR §303.405(b)(3)
	8.2.10 Parents have the authority to inspect and review records relating to their child unless the LES has been provided documentation that the parent does not have the authority under applicable state law governing such matters as custody, foster care, guardianship, separation and divorce.	34 CFR §303.405(c)

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	8.2.11 If any Early Steps record includes information on more than one child, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information.	34 CFR §303.407
	8.2.12 Each LES shall protect the confidentiality of personally identifiable information at the collection, maintenance, use, storage, disclosure, and destruction stages.	34 CFR §303.415(a)
	8.2.13 One official at each LES shall assume responsibility for ensuring the confidentiality of any personally identifiable information.	34 CFR §303.415(b)
	8.2.14 All persons collecting or personally identifiable information must receive training or instruction regarding the State's policies and procedures.	34 CFR §303.415(c) Policy 8.2.26
	8.2.15 Each LES shall maintain, for public inspection, a current listing of the names and positions of those employees who may have access to personally identifiable information.	34 CFR §303.415(d)
	8.2.16 **A.** The LES shall inform parents when personally identifiable information collected, maintained, or used is no longer needed to provide early intervention services to the child. **B.** The information must be destroyed at the request of the parents. However, a permanent record of a child's name, date of birth, parent contact information (address, phone number), names of service coordinator(s) and providers, and exit data (year and age upon exit, and any programs entered into upon exit) may be maintained without time limitation.	34 CFR §303.416(a) 34 CFR §303.416(b) General Education Provision Act (GEPA) Section 443 Education Department General Administrative Regulations (EDGAR) Part 76 EDGAR Part 80 Policy 12.5.5
	8.2.17 The LES shall, on request, provide an opportunity for a hearing to challenge information in the Early Steps record to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.	34 CFR §303.411 Policy 8.10.0
	8.2.18 If, as a result of a hearing, it is determined that information in the Early Steps record is inaccurate, misleading or otherwise in violation of the privacy or other rights of the child or parent, the records will be amended accordingly and the parents will be notified in writing.	34 CFR §303.412(a)

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	8.2.19 If, as a result of the hearing, it is determined that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child or parent, the parent will be informed of the right to place in the Early Steps record a statement commenting on the information or reasons for disagreeing with the decision of the agency.	34 CFR §303.412(b)
	8.2.20 Any explanation placed in the Early Steps record as stated in Policy 8.2.18 and 8.2.19 above must be maintained by the LES as part of the Early Steps record as long as the record or contested portion is maintained by the LES. If the Early Steps record or the contested portion is disclosed by the LES to any party, the explanation must also be disclosed to the party.	34 CFR §303.412(c)
	8.2.21 **A.** Test materials shall not be reproduced, in whole or in part, in any fashion unless permission has been obtained in writing from the publisher. **B.** Reproduction of test materials without proper permission represents a violation of copyright law.	34 CFR §99 Operations Guide 8.2.21 8/7/2007 OSEP Letter to Shuster
	8.2.22 The Local Early Steps may disclose personally identifiable information from an Early Steps record only on the condition that the party to whom the information is disclosed will not disclose the information to another party without prior consent of the parent or guardian, except as specified in Policy 8.5.6.	U.S.C. §1439(a)(2) 34 CFR §99.33
	8.2.23 **A.** Each LES must keep a record of parties obtaining or requesting access to Early Steps records collected, maintained or used under IDEA, Part C, except access by parents and authorized representatives of the LES. Form CMS-ES 1063 Log of Access to Record must be used for this purpose. The record of access must include: **1.** The name of the party, **2.** The date access was given, and **3.** The purpose for which the party was authorized to use the records. **B.** The record of access shall be maintained with the Early Steps record as long as the Early Steps record is maintained.	U.S.C. §1412(a)(8) U.S.C. §1417(c) U.S.C. §1439(a)(2) 34 CFR §99.32 34 CFR §99.35 34 CFR §303.406 Operations Guide 8.2.23
	8.2.24 **A.** Super confidential information (i.e., adult and child abuse information, alcohol and drug abuse information, psychiatric treatment records, tuberculosis (TB), sexually transmitted diseases (STD) and HIV/AIDS information, information related to adoption proceedings) requires a specific consent for release, which means at a minimum, the consent must mention the type of restricted information. **B.** Super confidential information in the Early Steps record must be kept separate and marked, "**Confidential - you are prohibited from making any further disclosure of this information without**	U.S.C. §1439(a)(2) 34 CFR §99.30 34 CFR §99.31 34 CFR §99.32 34 CFR §99.33 34 CFR §99.34 34 CFR §99.35

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	specific written consent of the person to whom it pertains or as otherwise permitted in 42 CFR §2". **C.** Prior to releasing the Early Steps record, the LES must review the record for restricted information and make certain the signed consent forms specifying the type of information to be released are on file.	34 CFR §99.36
	8.2.25 Each LES must maintain Early Steps records in locked files/storage rooms at all times in order to secure confidentiality.	U.S.C. §1417(c) 34 CFR §99.32
	8.2.26 Reserved	
	8.2.27 Each LES contract entity is responsible for ensuring compliance with the Health Insurance Portability and Accountability Act (HIPAA).	Operations Guide 8.2.27

8.3.0 Use of Native Language

	Policy	Reference/Related Documents
	8.3.1 When the language that a family speaks and understands is a language other than English, all prior written notices, evaluations/assessments, and IFSPs, must be in their preferred native language unless it is clearly not feasible to do so.	U.S.C. §1439(a)(7) 34 CFR §303.421(c)(1)
	8.3.2 When a family uses a mode of communication (such as Braille or sign language) or a native language that is not a written language, the LES staff shall take steps to document that: **A.** The prior written notices, including procedural safeguards are translated orally or by other means to the parent in the parent's native language or preferred other mode of communication, **B.** The parent understands the information contained in the Early Steps record or prior written notices, including procedural safeguards, and **C.** Document that these requirements have been met.	34 CFR §303.421(c)(2) Summary of Procedural Safeguards - IDEA, Part C - English Summary of Procedural Safeguards - IDEA, Part C - Spanish Summary of Procedural Safeguards - IDEA, Part C - Creole

8.4.0 Prior Written Notice

	Policy	Reference/Related Documents
	8.4.1 Prior written notice, including procedural safeguards, must be given to parents in a reasonable time before the LES or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the infant or toddler or the provision of appropriate early intervention services to the infant or toddler with a disability child or the child's family.	U.S.C. §1439(a)(6) 34 CFR §303.421(a) 391.308(4)(b), F.S. Operations Guide 8.4.1

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	8.4.2 **A.** The prior written notice must contain: **B.** A description of the action proposed or refused, **C.** The reasons for taking the action, and **1.** The Summary of Procedural Safeguards, including a description of mediation, how to file a complaint, due process, the timelines, and the following: **2.** A description of the children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information, **3.** A summary of the policies and procedures that participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information, **4.** A description of all the rights of parents and children regarding this information, including the confidentiality provisions, and **5.** A description of the extent that the notice is provided in the native languages of the various population groups in the state.	34 CFR §303.404(a) 34 CFR §303.404(b) 34 CFR §303.404(c) 34 CFR §303.404(d) 34 CFR §303.421(b) Summary of Procedural Safeguards - IDEA, Part C - English Summary of Procedural Safeguards - IDEA, Part C - Spanish Summary of Procedural Safeguards - IDEA, Part C - Creole
	8.4.3 The prior written notice, including the procedural safeguards must be in a language understandable to the general public and provided in the preferred native language of the parents, unless it is clearly not feasible to do so.	U.S.C. §1415(b)(4) 34 CFR §303.421(c)(1)(ii) Policy 8.4.2
	8.4.4 **A.** Form CMS-ES 1065 Prior Written Notice serves as documentation of refusal to initiate or change the identification, evaluation, or placement of the infant or toddler with a disability, or the provision of appropriate early intervention services to the child or the child's family. **B.** Each LES will insert the required child-and situation-specific information into the prior written notice and inform parents that they have protection under the procedural safeguards of IDEA, Part C.	Form CMS-ES 1065 Prior Written Notice - Spanish Form CMS-ES 1065 Prior Written Notice - Creole
	8.4.5 Reserved	
	8.4.6 Reserved	
	8.4.7 Each LES must ensure that the parent or guardian has an opportunity to discuss proposed changes with the IFSP team before any change in service delivery is implemented.	

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8.5.0 Parental Consent		
	Policy	**Reference/Related Documents**
	8.5.1 **A.** ESSO, Local Early Steps and service providers must ensure that parental consent is obtained before: **1.** Administering screening procedures to determine if a child is eligible for Early Steps, **2.** Conducting all evaluations and assessments of a child, unless only being administered as part of the child outcomes measurement system, **3.** Early intervention services are provided, **B.** If a parent does not give consent to activities in 8.5.1.A the LES shall make reasonable efforts to ensure that the parent is fully aware of the nature of the evaluation and assessment or the services that would be available and understands that the child will not be able to receive the evaluation, assessment, or early intervention service unless consent is given. **C.** Additional circumstances requiring ESSO, LESs and Service Providers to ensure parental consent is obtained include prior to: **1.** Use of private insurance, including when it is used as a prerequisite to using Medicaid, **2.** Use of Public Insurance/Medicaid/Managed Care Plan, and **3.** Disclosure of personally identifiable information consistent with Policy 8.2.1.	34 CFR §303.420(a) 34 CFR §303.420(b) 34 CFR §303.414(c) 34 CFR §303.520(a) 34 CFR §303.520(b) Policy 3.3.1 Operations Guide 8.5.1
	8.5.2 ESSO, LES and service providers must provide written notice and obtain consent from the parent in order to obtain, release or exchange personally identifiable information concerning the child and family except as specified in Policy 8.5.6. This also includes the verbal sharing of personally identifiable information.	U.S.C. §1439(a)(2) 34 CFR §99.30 34 CFR §303.414(a)
	8.5.3 Each Early Steps record must contain documentation of parental consent to release and/or transmit information to another agency or individual, except as specified in Policy 8.5.6. The consent will describe the action to take place; list the information (if any) that will be released; and identify the party to whom the disclosure will be made.	34 CFR §99.30 34 CFR §303.7
	8.5.4 ESSO, LES, and service providers must explain to the parent that the granting of consent to obtain, release or exchange personally identifiable information may be revoked at any time.	34 CFR §303.7 Operations Guide 8.5.4

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	8.5.5 The LES must use the Authorization to Disclose Confidential Information form to document consent for release of personally identifiable information.	Authorization to Disclose Confidential Information - Spanish Authorization to Disclose Confidential Information - Creole
	8.5.6 No record or file will be released to another agency or individual without consent from the parent or other person with legal authority to make such a release, except as follows to: **A.** The parents of the child, **B.** Other Local Early Steps officials in Florida for the purpose of ensuring the provision of appropriate early intervention services, **C.** ESSO officials for the purpose of carrying out their administrative/programmatic functions, **D.** Other local agencies that are acting as an agent of the ESSO through a contract or written interagency agreement that addresses the specific information to be shared and the purpose for sharing the information, **E.** An organization conducting a study for ESSO or a LES pursuant to a written agreement that specifies the purpose, scope, and duration of the study and the information disclosed, **F.** Accrediting organizations to carry out their accrediting functions, **G.** The entity or persons designated in a federal grand jury subpoena or any other judicial order or lawfully issued subpoena. **1.** This information may be disclosed only if the ESSO or LES makes a reasonable effort to notify the parent /guardian of the eligible child of the order or subpoena in advance of compliance, so that the parent/guardian may seek protective action, unless the disclosure is in compliance with: **a.** A federal grand jury subpoena and the court has ordered that the existence or the contents of the subpoena or the information furnished in response to the subpoena not be disclosed, **b.** Any other subpoena issued for a law enforcement purpose and the court or other issuing agency has ordered that the existence or the contents of the subpoena or the information furnished in response to the subpoena not be disclosed, and **c.** An ex parte court order obtained by the United States Attorney General (or designee not lower than an Assistant Attorney General) concerning investigations or prosecutions for a federal act of terrorism or an act of domestic or international terrorism, **2.** If ESSO or LES initiates legal action against a parent/guardian of the eligible child, they may disclose to the court, without a	U.S.C. §1439 42 U.S.C. 15043(a)(2)(I)(iii) 34 CFR §303.414(b) 34 CFR §303.520(a) 34 CFR §303.520(b) 34 CFR §99.31 34 CFR §99.34 34 CFR §99.35 34 CFR §99.36 39.201 F.S. 39.202 F.S. 381.0022 F.S. 402.115 F.S. 415.1034 F.S. Operations Guide 8.5.6 Summary of Procedural Safeguards - IDEA, Part C - English Summary of Procedural Safeguards - IDEA, Part C - Spanish Summary of Procedural Safeguards - IDEA, Part C - Creole

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court order or subpoena, the education records of the child that are relevant to proceed with the legal action as plaintiff.

3. If a parent/guardian of the eligible child initiates legal action against the ESSO or LES, the ESSO or LES may disclose to the court, without a court order or subpoena, the child's records that are relevant for the ESSO or LES to defend itself.

H. The Local School District for the purpose of notification, unless the parent objects in writing to the sharing of information as stated in Policy 7.2.1. Refer to Policy 7.2.4 when the parents object to the sharing of information,

I. DCF or tribal organization, if applicable, for a child in foster care when such agency or organization is legally responsible for the care and protection of the child,

J. The court in response to a judicial proceeding in which the parent is already a party to a judicial order. The LES must make reasonable efforts to notify the parent prior to disclosing the record unless the court has already provided notice to the parent or a parent is a party to a court proceeding involving child abuse and neglect or dependency matters,

K. The Florida Abuse Hotline for the purpose of reporting suspected abuse, neglect or abandonment by a parent, legal custodian, caregiver, or other person responsible for the child's welfare or reporting that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and as required in 39.201 F.S.,

L. The Florida Abuse Hotline for the purpose of reporting suspicion of (or have knowledge of) abuse, neglect or exploitation of a child, aged person or disabilities adult as stated in 415.1034 F.S.,

M. A party's legal representative(s), as appropriate,

N. Other exceptions, as outlined in 34 CFR §99, are hereby incorporated reference.

8.5.7

A. Early Steps staff and providers must report suspected abuse, neglect or abandonment as required in sections 39.201, F.S. and 415.1034, F.S.

B. The following occupations are required to provide their names to the hotline staff when they report suspected abuse, neglect or abandonment:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons,
2. Health or mental health professional,
3. Social worker, day care center worker, or other professional childcare, foster care, residential, or institutional worker,
4. Practitioner who relies solely on spiritual means for healing,
5. School teacher or other school official or personnel,

	6. Social worker, day care center worker, or other professional childcare, foster care, residential, or institutional worker, 7. Law enforcement officer, and 8. Judge. **C.** Records concerning reports of abuse, neglect or abandonment, including the name of the reporter, when provided, will be confidential as specified in 39.201 F.S.	
	8.5.8 The Local Early Steps can accept "signed and dated parental consent" in electronic format when the Local Early Steps has in place processes that: **A.** Identify and authenticate a particular person as the source of the electronic consent. **B.** Indicate such person's approval of the information contained in the electronic consent.	U.S.C. §1439 34 CFR §99.30
	8.5.9 ESSO may not use the due process hearing procedures to challenge a parent's refusal to provide any consent that is required.	34 CFR §303.420(c)
	8.5.10 Parents may determine whether they, their infant or toddler, or other family members will accept or decline any early intervention service at any time and may decline an early intervention service after first accepting it, without jeopardizing other early intervention services.	U.S.C. §1439(a)(3) 34 CFR §303.420(d)(1) 34 CFR §303.420(d)(2)

8.6.0 Reserved

8.7.0 Reserved

8.8.0 Assignment of a Surrogate Parent

	Policy	Reference/Related Documents
	8.8.1 The ESSO will have in place procedures to protect the rights of an infant or toddler by assignment or appointment of a surrogate parent whenever: The parent of the infant or toddler cannot be identified, The parent cannot be located, after reasonable efforts; and/or The infant or toddler is a ward of the state, under the Laws of Florida.	U.S.C. §1415(b)(2)(A) U.S.C. §1439(a)(5) 34 CFR §303.422(a)(1) 34 CFR §303.422(a)(2) 34 CFR §303.422(a)(3) 34 CFR §303.422(b)(i) 34 CFR §303.422(b)(ii) Operations Guide 8.8.1
	8.8.2 ESSO shall make reasonable efforts to ensure the assignment of a surrogate parent not more than 30 days after there is a determination by the ESSO or the LES that the child needs a surrogate parent.	U.S.C §1415(b)(2)(B) 34 CFR 303.422(g)

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	8.8.3 **A.** The LES will consult with the local department of children and families agencies when determining the need and assignment of a surrogate parent for an infant or toddler who is a ward of the state or placed in foster care. **B.** If a child is a ward of the state, a surrogate parent may be appointed by the judge overseeing the infant or toddler's case provided that the surrogate parent meets the requirements in Policy 8.8.4, 8.8.5, and 8.8.6.	34 CFR §303.422(b)(ii) 34 CFR §303.422(c) 34 CFR §303.422(c) Operations Guide 8.8.3
	8.8.4 A surrogate parent shall not be: **A.** An employee of the ESSO, **B.** An employee of the Local Early Steps (LES), **C.** An employee of any public agency, **D.** A person providing early intervention services, education, care, or other services to the infant or toddler or any family member of the infant or toddler, or **E.** A person who otherwise qualifies as a surrogate parent is not an employee of the Early Steps State Office solely because he or she is paid by the ESSO to serve as a surrogate parent.	U.S.C. §1439(a)(5) 34 CFR §303.422(d) 34 CFR §303.422(e)
	8.8.5 Minimum qualifications for a surrogate parent: **A.** An individual over 18 years of age who is a citizen of the United States and a resident of the State of Florida, **B.** Knowledge, skills, and experience demonstrated by successful completion of training to ensure adequate representation of the child, and **C.** Appropriately trained using the materials developed and/or approved by the Bureau of Exceptional Education and Student Services.	Operations Guide 8.8.5
	8.8.6 The LES shall ensure that a person selected as a surrogate parent: **A.** Has no personal or professional interest that conflicts with the interests of the child he or she represents, and **B.** Has knowledge and skills that ensure adequate representation of the child.	34 CFR §303.422(d)(2)(ii) 34 CFR §303.422(d)(2)(iii) Operations Guide 8.8.6
	8.8.7 A surrogate parent has the same rights as a parent under Part C of IDEA.	34 CFR §303.422(f) Operations Guide 8.8.7

8.9.0 Right to Mediation

	Policy	Reference/Related Documents
	8.9.1 The ESSO will ensure that mediation procedures are established and implemented to allow parties to disputes involving any matter, including matters arising prior to the filing of a due process, to resolve such disputes through a mediation process at any time.	U.S.C. §1415(e)(1) U.S.C. §1439(a)(8) 34 CFR §303.431

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		34 CFR §303.430(b) Operations Guide 8.9.1
	8.9.2 Reserved	
	8.9.3 **A.** The mediation process: **1.** Is voluntary on the part of both parties, **2.** Is not used to deny or delay a parent's right to a due process hearing or deny any other rights afforded under IDEA, Part C, and **3.** Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.	U.S.C. §1415(e)(2)(A)(i) U.S.C. §1415(e)(2)(A)(ii) U.S.C. §1415(e)(2)(A)(iii) 34 CFR §303.431(b)(1) Operations Guide 8.9.3
	8.9.4 The ESSO will maintain a list of qualified mediators who are knowledgeable in the laws and regulations relating to the provision of early intervention services.	U.S.C. §1415(e)(2)(C) 34 CFR §303.431(b)(2)(i)
	8.9.5 In order to mediate, the parent(s) and the LES representative will complete and sign Form CMS-ES 1067 Request for Mediation. The form is sent to the address below and upon receipt, the mediator is assigned. Florida Department of Health Children's Medical Services, Early Steps State Office 4052 Bald Cypress Way, Bin A06 Tallahassee, Florida 32399-1707	Request for Mediation-Spanish Request for Mediation-Creole
	8.9.6 Upon receipt of Form CMS-ES 1067 Request for Mediation, a mediator is selected on a random (e.g. a rotation) basis from the list of qualified mediators referenced in Policy 8.9.4. If a mediator is not selected at random, both parties must be involved in the selection of the individual who will mediate.	34 CFR §303.431(b)(2)(ii) Request for Mediation-Spanish Request for Mediation-Creole
	8.9.7 **A.** The mediator: **1.** May not be an employee of the ESSO, a Local Early Steps or any other entity involved in the provision of early intervention services or care of the child, and **2.** Must not have a personal or professional conflict of interest. **B.** A person who otherwise qualifies as a mediator is not an employee of the ESSO solely because s/he is paid by the agency to serve as a mediator.	Operations Guide 8.9.7 U.S.C. §1415(e) U.S.C. §1439(a)(8) 34 CFR §303.431(c)
	8.9.8 The ESSO will bear the cost of the mediation process, including the cost of the mediation session.	U.S.C. §1415(e)(2)(D) 34 CFR §303.431(b)(3)

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	8.9.9 A mediation session will be scheduled in a timely manner, within 21 calendar days of the receipt of a request signed by both parties and will be held in a location that is convenient to the parties in the dispute.	U.S.C. §1415(e)(2)(E) 34 CFR §303.431(b)(4)
	8.9.10 Any agreement reached by the parties to the dispute in a mediation process will be set forth in a legally binding written mediation agreement, using Form CMS-ES 1068 Mediation Agreement and will be signed by the parties.	U.S.C. §1415(e)(2)(F) 34 CFR §303.431(5) 391.308(2)(j), F.S. Operations Guide 8.9.10 Form CMS-ES 1068 Mediation Agreement - Spanish Form CMS-ES 1068 Mediation Agreement - Creole
	8.9.11 The mediation agreement will include a confidentiality pledge stating, "discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding of any Federal or State court. The agreement will be enforceable in any state court of competent jurisdiction or in a U.S. District Court."	U.S.C. §1415(e)(2)(F)(i) U.S.C. §1415(e)(2)(F)(iii) U.S.C. §1415(e)(2)(G) 34 CFR §303.431(b)(5)(i) 34 CFR §303.431(b)(6) 34 CFR §303.431(b)(7)
	8.9.12 The mediation agreement is signed by both the parent and a representative of the LES who has the authority to make decisions on behalf of the agency.	U.S.C. §1415(e)(2)(F)(ii) 34 CFR §303.431(b)(5)(ii)
	8.9.13 Reserved	
	8.9.14 Video or tape recording will not be allowed during the mediation session.	
	8.9.15 While either party may call someone for advice or information, no one can fully participate in the mediation session by telephone.	

8.10.0 Right to a Due Process Hearing

	Policy	Reference/Related Documents
	8.10.1 Parents, early intervention providers, or LESs have the right to file a due process hearing request when there is a disagreement regarding the proposal to initiate or change, or refusal to initiate or change the identification, evaluation, or placement of the infant or toddler with a	U.S.C. §1439(a)(1) 34 CFR §303.411 34 CFR §303.430(d)(2) 34 CFR §303.440(a)

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	disability, the provision of appropriate early intervention services to the infant or toddler with a disability and his or her family, or to challenge information in Early Steps record to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.	34 CFR §303.441(c) Due Process Hearing Brochure for Parents - English Due Process Hearing Brochure for Parents - Spanish Due Process Hearing Brochure for Parents - Creole
	8.10.2 When a due process hearing request is received or a parent requests the information, the LES shall inform the parent of any free or low cost legal and other relevant advocacy services which are available.	U.S.C. §1439(a)(1) 34 CFR §303.440(b) Operations Guide 8.10.2 Florida Legal Services, Inc.
	8.10.3 When a due process hearing is initiated, the ESSO shall inform the parents of the availability of mediation.	U.S.C. §1439(a)(8) 34 CFR §303.442(a)(3)(ii) Operations Guide 8.10.3
	8.10.4 The due process hearing will be conducted by a hearing officer in the Department of Management Services, Division of Administrative Hearings.	34 CFR §303.443(a) 34 CFR §303.443(b)
	8.10.5 The party submitting a due process hearing request, or the attorney representing the party, must ensure the other party receives a copy of the due process request and must remain confidential.	34 CFR §303.441(a)(1)
	8.10.6 **A.** The due process hearing requests must be filed with the Florida Department of Health, Children's Medical Services, Early Steps State Office at: IDEA, Part C Coordinator Florida Department of Health Children's Medical Services Early Steps State Office 4052 Bald Cypress Way, BIN # A06 Tallahassee, FL 32399-1707 **B.** If the request is submitted to the Local Early Steps, the LES must forward the hearing request, within 24 hours, to the ESSO.	34 CFR §303.441(a)(2)

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	C. ESSO will send a copy of all hearing requests and related written materials to the Department of Health, Office of the General Counsel. **D.** The Office of the General Counsel will forward copies of the request and all correspondence to the Department of Management Services, Division of Administrative Hearings (DOAH).	
	8.10.7 A due process hearing request must include the following: **A.** Name of the child, **B.** The address of the residence of the child; (or available contact information in the case of a homeless child, **C.** The name of the early intervention provider serving the child, **D.** A description of the nature of the problem of the child relating to the proposed or refused initiation or change, including facts relating to the problem, and **E.** A proposed resolution of the problem to the extent known and available to the party at the time.	34 CFR §303.441(b) 34 CFR §303.441(c)
	8.10.8 **A.** The hearing officer will determine whether the due process hearing request meets the requirements in Policy 8.10.7. **B.** When the hearing request meets the requirements in Policy 8.10.7, the hearing officer will deem the hearing request sufficient unless either party files a sufficiency challenge and the hearing officer finds the request insufficient per the timelines in Policy 8.10.8.C. **C.** Within 15 days of the due process hearing request, either party in the due process hearing may file a written claim with the hearing officer that the request is legally insufficient. Within 5 days of receipt of the claim, the hearing officer will issue a ruling on the sufficiency of the hearing request.	34 CFR §303.441(d)(1) 34 CFR §303.441(d)(2)
	8.10.9 **A.** A party may amend a due process hearing request if: **1.** The other party consents in writing to the amendment and is given the opportunity to resolve the due process issues through a resolution meeting, or **2.** The hearing officer grants permission not later than 5 days before the due process hearing is scheduled. **B.** If a party files an amended due process hearing request, the 30-day timeline for the resolution meeting begins again with the filing of the amended due process hearing request.	34 CFR §303.441(d)(3) 34 CFR §303.441(d)(4) Policy 8.10.24
	8.10.10 **A.** If the parent has not been provided prior written notice, the other party will send the parent and ESSO a response in writing within 10 days of receipt that includes: **1.** An explanation of why an action was proposed or refused in the due process hearing request, **2.** A description of other options that the IFSP team considered and the reasons why those options were rejected, **3.** A description of each evaluation procedure, assessment, record, or report used as the basis for the proposed or refused action, and	34 CFR §303.441(e) 34 CFR §303.441(f)

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	4. A description of the other factors relevant to the proposed or refused action. **B.** This response does not preclude ESSO from asserting that the parent's due process hearing request was insufficient, per Policy 8.10.8. **C.** If there are any issues in the due process request that were not addressed in A. above, then the other party will specifically address within 10 days of receipt each issue raised in the due process hearing request.	
	8.10.11 **A.** Any parent involved in a due process hearing has the right to: **B.** Be accompanied and advised by counsel and/or by individuals with special knowledge or training with respect to early intervention services for infants and toddlers with disabilities at their own expense, **C.** Present evidence and confront, cross-examine, and compel the attendance of witnesses, **D.** Prohibit the introduction of evidence at the hearing that has not been disclosed to them at least 5 business days before the hearing, **E.** Obtain one written or electronic (based on the preference of the family) verbatim transcription of the hearing at no cost, **F.** Obtain written or electronic (based on the preference of the family) findings of fact and decisions at no cost, and **G.** Open the hearing to the public (the hearing will be closed to the public unless the parties request that it be open).	34 CFR §303.444(a) 34 CFR §303.444(c)
	8.10.12 The parties involved in the due process hearing must disclose all evaluations completed by the hearing date and recommendations of evaluations that the party intends to use at the hearing at least 5 business days before the proceeding. The hearing officer may bar any party that fails to comply without the consent of the other party.	34 CFR §303.444(b)
	8.10.13 The party requesting a due process hearing may not raise issues at the due process hearing that were not raised in the due process hearing request unless the other party agrees.	34 CFR §303.443(d)
	8.10.14 Any due process hearing and each review including verbal arguments must be carried out at a time and place that is reasonably convenient to the parents and the child involved.	34 CFR §303.447(d)
	8.10.15 The due process hearing will be completed and findings mailed to each of the parties no later than 45 days after the expiration of the 30 day time period for a resolution meeting, unless a hearing officer grants a specific extension of time at the request of either party.	34 CFR §303.440(c) 34 CFR §303.447(a) 34 CFR §303.447(b) 34 CFR §303.447(c)

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	8.10.16 During the pendency of any due process hearing, unless ESSO and the parents agree, the LES must continue to provide the appropriate early intervention services in the setting identified on the IFSP that is consented to by the parents or if applying for initial services, shall provide the early intervention services not in dispute as authorized on the child's IFSP.	U.S.C. §1439(b) 34 CFR §303.430(e)
	8.10.17 The due process hearing must be requested within 2 years of the date the parent, LES, or provider knew (or should have known) about the alleged action forming the basis of the request.	U.S.C. §1415(b)(6)(B) U.S.C. §1415(f)(3)(C) U.S.C. §1439(a)(1) 34 CFR §303.440(a)(2) 34 CFR §303.443(e)
	8.10.18 The two-year timeline for the due process hearing will not apply if the parent was prevented from requesting a hearing due to misrepresentations by the LES or the withholding of information from the parent by the LES.	U.S.C. §1415(f)(3)(D)(i) U.S.C. §1415(f)(3)(D)(ii) U.S.C. §1439(a)(1) 34 CFR §303.443(f)
	8.10.19 ESSO will make the findings and decisions of due process hearing available to the public after deleting personally identifiable information.	34 CFR §303.445(d)
	8.10.20 A decision in a due process hearing is considered final unless a party brings civil action.	34 CFR §303.446(a) Policy 8.10.30
	8.10.21 A parent may file a separate due process request on an issue separate from a due process request that has already been filed.	U.S.C. §1415(o) 34 CFR §303.445(c)
	8.10.22 **A.** The hearing officer will conduct hearings in a fair and impartial manner. The hearing officer must: **1.** Have knowledge of and the ability to understand the provisions of IDEA, Part C, applicable federal and state regulations pertaining to IDEA, Part C, and legal interpretations by federal and state courts, **2.** Possess the knowledge and ability to conduct hearings and render and write decisions in accordance with appropriate, standard legal practice, **3.** Not be an employee of the ESSO, a Local Early Steps or any other entity involved in the provision of early intervention services or care of the child, and **4.** Be a person who otherwise qualifies as a hearing officer is not an employee of the ESSO solely because the person is paid by ESSO to implement the hearing process. **B.** ESSO will keep a list of the hearing officers and their qualifications.	34 CFR §303.443(c) Operations Guide 8.10.22

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	8.10.23 **A.** Hearing decisions must be based on substantive grounds. In matters alleging a procedural violation, a hearing officer may find that a child was not appropriately identified, evaluated, placed, or provided early intervention services only if it: **1.** Impeded the child's right to identification, evaluation, and placement or provision of early intervention services for the child and family, **2.** Significantly impeded the parent's opportunity to participate in the decision-making process regarding identification, evaluation, placement or provision of early intervention services for the child and family, or **3.** Caused a deprivation of developmental benefit. **B.** This does not preclude a hearing officer from ordering ESSO, the LES, or provider to comply with the procedural safeguards requirements.	34 CFR §303.445(a)
	8.10.24 **A.** Within 15 days of ESSO's receipt of a due process hearing request, and prior to the initiation of a due process hearing, ESSO must convene a resolution meeting with the parent of the child and the relevant team member(s) to discuss the due process hearing request, so that ESSO has the opportunity to resolve the dispute that is the basis for the request. The resolution meeting must include: **1.** The parent of the child, **2.** Relevant member or members of the IFSP team who have specific knowledge of the facts identified in the due process request, as determined by the parent and ESSO, and **3.** A representative of ESSO who has decision-making authority on behalf of the agency. **B.** Other parties may not bring an attorney unless the parent is accompanied by an attorney. **C.** The resolution meeting may not occur if the parents and ESSO agree in writing to waive the meeting or agree to mediation.	34 CFR §303.442(a)
	8.10.25 The due process hearing may occur if ESSO has not resolved the issues addressed in the due process hearing request to the satisfaction of the parties via resolution meeting within 30 days of receipt of the request. The 45-day timeline for the due process hearing begins after the 30-day timeline for the resolution meeting.	34 CFR §303.442(b)(1) 34 CFR §303.442(b)(2)
	8.10.26 The failure of the parent filing the due process to participate in a resolution meeting, unless both parties agree to waive the resolution meeting or seek mediation, will delay the timelines for the resolution process and a hearing until the resolution meeting is held. If ESSO is unable to obtain the participation of the parent after reasonable efforts, ESSO may request the hearing officer to dismiss the due process hearing request.	34 CFR §303.442(b)(3) 34 CFR §303.442(b)(4)

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	8.10.27 If ESSO fails to hold or participate in a resolution meeting within 15 days of the receipt of the due process hearing request, the parent may request the hearing officer to initiate the due process hearing timeline.	34 CFR §303.442(b)(5)
	8.10.28 The 45-day timeline for the due process hearing starts after the following: **A.** Both parties agree to waive the resolution meeting, **B.** After either the mediation or resolution meeting starts but before the end of the 30-day period, the parties agree in writing that no agreement is possible, or **C.** If both parties agree in writing to continue the mediation or resolution process at the end of the 30 day period, but later, the parent or ESSO withdraws from the mediation or resolution process.	34 CFR §303.442(C)
	8.10.29 If a resolution to the dispute is reached at the resolution meeting, the parties must execute a legally binding agreement that is: **A.** Signed by both the parent and ESSO, and **B.** Enforceable in state court or competent jurisdiction or in a U.S. district court, **C.** Either party may void the agreement within 3 business days of execution.	34 CFR §303.442(d) 34 CFR §303.442(e)
	8.10.30 Any party aggrieved by the findings of a due process hearing may bring civil action with respect to the issues in the due process hearing request in any state court or competent jurisdiction or in a U.S. district court. The U.S. district courts have jurisdiction of actions brought under 615 of IDEA without regard to the amount in controversy.	34 CFR §303.448(a) 34 CFR §303.448(d)
	8.10.31 Parties involved in a due process hearing shall have 90 days from the date of the decision of the hearing officer to bring civil action.	34 CFR §303.448(b)
	8.10.32 In a civil action, the court will: **A.** Receive the records of the due process hearing, **B.** Hear additional evidence at the request of a party, and **C.** Grant the relief the court determines to be appropriate, based on the preponderance of the evidence.	34 CFR §303.448(c)
	8.10.33 The rights, procedures, and remedies available under the Constitution, Americans with Disabilities Act, title V of the Rehabilitation Act, and other federal laws protecting the rights of children with disabilities except that before filing civil action that is also available under 615 of IDEA, due process procedures must be exhausted to the same extent required had the action been brought under 61the IDEA.	34 CFR §303.448(e)

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	8.10.34 ESSO may use mechanisms to seek enforcement of a written agreement resulting from a mediation or resolution meeting as long as those mechanisms are not mandatory and does not delay or deny the parents right to seek enforcement of the written agreement in a state court or competent jurisdiction or U.S. district court.	34 CFR §303.449

8.11.0 Right to File a Complaint

	Policy	Reference/Related Documents
	8.11.1 Reserved	
	8.11.2 The ESSO will provide procedures for resolving any complaint, including a complaint filed by an organization or individual from another state, alleging that an agency or service provider has violated a requirement of IDEA, Part C and implementing regulations.	34 CFR §303.432(a)(1) 34 CFR §303.430(c) 34 CFR §303.417 Summary of Procedural Safeguards - IDEA, Part C - English Summary of Procedural Safeguards - IDEA, Part C - Spanish Summary of Procedural Safeguards - IDEA, Part C - Creole
	8.11.3 **A.** All formal written complaints must be submitted to the Department of Health, Children's Medical Services Early Steps State Office at the following address: IDEA, Part C Coordinator Department of Health Children's Medical Services Early Steps State Office 4052 Bald Cypress Way, BIN# A06 Tallahassee, FL 32399-1707 **B.** The party filing the complaint must forward a copy of the complaint to the public agency or service provider serving the child at the same time the party files the complaint with ESSO.	34 CFR §303.434(a) 34 CFR §303.434(d) Operations Guide 8.11.3
	8.11.4 All LES must inform parents, other interested individuals, and organizations in the service area of the state's complaint procedures.	U.S.C. §1415(b)(8) U.S.C. §1435(a)(10)(D) 34 CFR §303.432(a)(2)

	8.11.5 **A.** A formal written complaint is a signed letter that includes the following: **B.** A statement that ESSO, a public agency, or service provider has violated requirements of IDEA, Part C or the regulations, **C.** The facts on which the complaint is based, **D.** The signature and contact information for the complainant, **E.** The name and address of the residence of the child (if alleging violations with respect to a specific child), **F.** The name of the provider serving the child (if alleging violations with respect to a specific child), **G.** A description of the nature of the problem of the child, including facts relating to the problem (if alleging violations with respect to a specific child), **H.** A proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed, and **I.** An allegation of a violation that occurred within one year prior to the date the complaint is received.	34 CFR §303.434(a) 34 CFR §303.434(b) 34 CFR §303.434(c) Summary of Procedural Safeguards - IDEA, Part C - English Summary of Procedural Safeguards - IDEA, Part C - Spanish Summary of Procedural Safeguards - IDEA, Part C - Creole Operations Guide 8.11.5
	8.11.6 The LES must send written documentation that meets the criteria of a formal written complaint, as specified in Policy 8.11.5, to the ESSO immediately but no later than one working day after receipt at the LES office.	Operations Guide 8.11.6
	8.11.7 After the complaint letter has been received, or during the initial conversation in which receipt of the complaint is acknowledged, formal mediation will be offered by the ESSO.	34 CFR §303.433(a)(3)(ii) Operations Guide 8.11.7
	8.11.8 The ESSO will investigate the complaint by reviewing all relevant information and making an independent determination as to whether ESSO, a public agency, or service provider is violating or has violated a requirement of IDEA, Part C or its implementing regulations.	34 CFR §303.433(a)(4)
	8.11.9 The ESSO will decide, based on the issues and circumstances surrounding the complaint, whether to carry out an independent on-site investigation.	34 CFR §303.433(a)(1)
	8.11.10 **A.** The ESSO will give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint. **B.** Upon receipt of a complaint that meets the requirements in 8.11.5, ESSO will send a complaint acknowledgement letter to the complainant and LES or provider that includes the complainant's proposed resolution(s).	34 CFR §303.433(a)(2) 34 CFR §303.433(a)(3) 34 CFR §303.433(a)(3)(i)

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	C. The LES or provider will have the opportunity to respond to the complaint, including the proposed resolution(s) by the complainant, prior to an investigation by the ESSO.	
	8.11.11 A written preliminary report will be issued to the complainant and the LES, public agency or service provider by the ESSO within 35 calendar days of receipt of the complaint. The written report will address each allegation in the complaint. The preliminary report will contain (1) Background information and (2) Findings of Fact.	Operations Guide 8.11.11
	8.11.12 A final report and written decision will be issued to the complainant, and other parties including the LES, public agency or service provider by the ESSO within 60 calendar days after a complaint is filed, unless exceptional circumstances exist in respect to a particular complaint, and those circumstances warrant an extension of the timeline or the parties involved agree to extend the time to engage in mediation.	34 CFR §303.433(a) 34 CFR §303.433(b)(1) Operations Guide 8.11.12
	8.11.13 Reserved	
	8.11.14 The final report will contain: **A.** Background information, **B.** Findings of fact; addressing each allegation of the complaint, **C.** Conclusions, **D.** A basis for the final decision, and **E.** Corrective action(s) if any.	34 CFR §303.433(a)(5)
	8.11.15 After the final decision is issued, the ESSO will monitor implementation of corrective actions to achieve compliance, and negotiate and provide technical assistance related to the final decision, as necessary.	U.S.C. §1435(a)(10) 34 CFR §303.433(b)(2) Operations Guide 8.11.15
	8.11.16 **A.** If a written complaint is received that is also the subject of a due process hearing or contains multiple issues, of which one or more are part of that hearing, the state must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. **B.** Any issue in a complaint that is not a part of the due process action must be resolved within the 60-calendar-day timeline using the established complaint procedures.	34 CFR §303.433(c)
	8.11.17 For any issue raised in a complaint that has previously been decided in a due process hearing involving the same parties, the hearing decision is binding on that issue and the ESSO must inform the complainant to that effect.	34 CFR §303.433(c)(2)

	8.11.18 A complaint alleging a ESSO, a public agency's or service provider's failure to implement a due process decision will be resolved by the ESSO.	34 CFR §303.433(c)(3)
	8.11.19 In resolving a complaint in which it finds a failure to provide appropriate services, the ESSO must address: **A.** How to remediate the denial of those services, including, as appropriate, the awarding of compensatory services or other corrective actions appropriate to meet the needs of the child and the child's family, and **B.** Appropriate future provision of services for all infants and toddlers with disabilities and their families.	34 CFR §303.432(b)
	8.11.20 If the LES or provider accepts the proposed resolution(s) outlined in the complaint letter, the LES or provider must send a letter to ESSO confirming the acceptance of the complainant's proposal.	34 CFR §303.433(a)(3)(i)
	8.11.21 If the LES or provider proposes resolution(s) other than the complainant's proposed resolution(s), the LES or provider must send a letter to ESSO outlining their proposed resolution(s).	34 CFR §303.433(a)(3)(i)
	8.11.22 In considering whether to accept the LES or provider's proposal in 8.11.21, ESSO will take into account whether the proposal will correct the issue and consists of actions ESSO would require as corrective action if the LES or provider were found in violation of a state or federal statute or regulation.	34 CFR §303.433(a)(3)(i)
	8.11.23 **A.** If the LES or provider accepts the proposed resolution(s) outlined in the complaint letter per 8.11.20 or ESSO determines that the LES or provider's proposed alternate resolution(s) in 8.11.21 constitutes appropriate and effective corrective action to address the allegations, within 60 days of the date that the complaint was filed, subject to allowable extensions, ESSO will develop a Complaint Resolution Report which addresses each allegation in the complaint and contains: **1.** Background, **2.** Findings of fact related to the LES or provider's acceptance of the complainant's proposed resolution, **3.** Conclusion that ESSO finds the proposal acceptable, and the final decision that the complaint is resolved, and **4.** Actions to be completed to bring the complaint to closure, including timelines. **B.** The complaint investigation will not proceed.	34 CFR §303.433(a)(3)(i)

	8.11.24 If ESSO determines that the LES or provider's proposed resolutions in 8.11.21 does not constitute appropriate and effective corrective action to address the allegations, ESSO will notify the LES or provider that the proposal is not accepted and the complaint investigation will proceed.	34 CFR §303.433(a)(3)(i)
	8.11.25 **A.** The ESSO will monitor the completion of the actions in the Complaint Resolution Report in the same manner as complaint corrective actions are monitored. **B.** When ESSO receives documentation that all actions in the Report have been completed, the complaint file will be closed, and the parties will be notified in writing.	34 CFR §303.433(a)(3)(i)

Component 9.0 Family Involvement			
Authority:	**20 U.S.C Section:**	-	
	34 CFR Sections:	-	
	Florida Statutes:	-	
Intent:	These policies are intended to ensure family involvement occurs at the local and state level within the Early Steps system.		
Sections:	9.1.0	State Parent Consultant(s)	Page 104
	9.2.0	Family Resource Specialists	Page 104
	9.3.0	System of Family Involvement Plan	Page 105
	9.4.0	Reserved	Page 106
	9.5.0	Advisory Groups	Page 106
	9.6.0	Reserved	Page 106

9.1.0 State Parent Consultant(s)		
	Policy	**Reference/Related Documents**
	9.1.1 The Early Steps State Office must employ State Parent Consultant(s) to ensure family input and involvement at the state level including policy development and review, assistance in quality assurance activities, training, participation in workgroups, collaboration with other statewide family groups, and technical assistance and training to Family Resource Specialists throughout Florida.	Operations Guide 9.2.2
	9.1.2 The State Parent Consultant(s) must be a family member of a child who currently or previously received early intervention services or would have been eligible for early intervention services.	
	9.1.3 The State Parent Consultant(s) must have a high school diploma or equivalent.	
	9.1.4 The State Parent Consultant(s) must have broad knowledge of Florida's Early Steps system.	
	9.1.5 The State Parent Consultant(s) must have knowledge of and be involved in statewide family organizations and initiatives.	
	9.1.6 The State Parent Consultant(s) must have communication skills that will enable the development and delivery of trainings and public presentations.	
	9.1.7 The State Parent Consultant(s) must have a willingness to work with diverse populations.	
	9.1.8 The State Parent Consultant(s) must have the ability to travel.	

9.2.0 Family Resource Specialists		
	Policy	**Reference/Related Documents**
	9.2.1 Local Early Steps must employ a minimum of 1.0 FTE Family Resource Specialists to ensure family involvement within the LES.	
	9.2.2 Family Resource Specialists must implement the required roles for family Resource Specialists defined by the ESSO including information and support, training, dissemination of information, policy development, link with lead agency, collaboration/ partnerships, community resource development, service delivery evaluation, family representation, and workgroups/meetings.	Operations Guide 9.2.2

	9.2.3 Family Resource Specialists must be a parent or primary caregiver (i.e. foster parent) of a child who received early intervention services or would have been eligible for Early Steps services.	
	9.2.4 Family Resource Specialists must have a high school diploma or equivalent.	
	9.2.5 Family Resource Specialists must have knowledge of Florida's Early Steps system.	
	9.2.6 Family Resource Specialists must have an understanding of local resources and organizations.	
	9.2.7 Family Resource Specialists must have the organization and communication skills required to implement a local system of family involvement.	
	9.2.8 Family Resource Specialists must have the ability to provide effective training.	
	9.2.9 Family Resource Specialists must have a willingness to work with diverse populations.	
9.3.0 System of Family Involvement Plan		
	Policy	**Reference/Related Documents**
	9.3.1 All of the Roles and Responsibilities for Family Resource Specialists must be addressed on the System of family Involvement Plan for implementation in LES.	Operations Guide 9.2.2
	9.3.2 The System of family Involvement Plan will include opportunities for families to apply for funds that will allow them to participate in activities that enhance family involvement and education in the Early Steps system.	
	9.3.3 The System of family Involvement Plan must include a budget for the funds, as specified in the contract.	
	9.3.4 The System of family Involvement Plan must include a locally developed form for requesting funds that will include a statement describing other resources that have been explored to fund the request.	
	9.3.5 The System of family Involvement Plan must include the signature sheet of families and other participants who developed the plan.	

	9.3.6 The System of family Involvement Plan is submitted by the LES, as specified in the contract.	
	9.3.7 Reserved	
9.4.0 Reserved		
9.5.0 Advisory Groups		
Policy		**Reference/Related Documents**
	9.5.1 The ESSO will support family representation on advisory groups and workgroups to ensure the experiences and opinions of families are represented as key stakeholders in the Early Steps system.	
9.6.0 Reserved		

Component 10.0 Personnel Development and Standards			
Authority:	**IDEA Sections:**	1432, 1435	
	34 CFR Sections:	303.13, 303.34, 303.118, 303.119, 303.510	
	Florida Statutes:	391.301, 391.308, 393.0655	
Intent:	The Early Steps state system must maintain a comprehensive system of personnel development. These policies are intended to ensure that personnel necessary to provide early intervention services are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any state-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which such personnel are providing early intervention services.		
Sections:	10.1.0	General Requirements	Page 108
	10.2.0	Local Early Steps (LES) Requirements	Page 109
	10.3.0	General Requirements for Provider Application and Approval	Page 109
	10.4.0	Service Coordinator Requirements	Page 110
	10.5.0	Licensed Non-Physician Healthcare Professional Personnel Standards	Page 112
	10.6.0	Non-Licensed Healthcare Professional Personnel Standards	Page 113
	10.7.0	Dual Enrollment	Page 116

10.1.0 General Requirements		
	Policy	**Reference/Related Documents**
	10.1.1 **A.** The Early Steps State Office (ESSO) will provide a comprehensive training system that includes the following: **B.** Training paraprofessionals and primary referral sources with respect to the basic components of early intervention available in Florida, **C.** Training personnel to implement innovative strategies and activities for the recruitment and retention of Early Intervention service (EIS) providers, **D.** Promoting the preparation of EIS providers who are fully and appropriately qualified to provide early intervention services, and **E.** Training personnel to coordinate transition services for infants and toddlers with disabilities who are transitioning from an early intervention service program under Part C of the IDEA to a preschool program under 619 of IDEA or a Head Start, Early Head Start, elementary school program or other program under Part B of the IDEA.	20 U.S.C. §1435(a)(8) 34 CFR §303.118 391.301(4)(f), F.S. Operations Guide 10.1.1
	10.1.2 ESSO must have policies and procedures that ensure that the personnel needed to meet the requirements of IDEA Part C are appropriately and adequately prepared and trained.	34 CFR §303.119(a) Operations Guide 10.1.2
	10.1.3 Reserved	
	10.1.4 The ESSO will ensure the Local Early Steps (LES) make focused efforts to recruit and hire or contract with appropriately and adequately trained personnel to provide early intervention services to eligible children in their service area.	34 CFR §303.119 391.308(2)(e), F.S. Policy 6.1.1
	10.1.5 Early intervention services must be provided by qualified personnel, including: **A.** Speech-language pathologists, **B.** Audiologists, **C.** Occupational therapists, **D.** Physical therapists, **E.** Psychologists, **F.** Social workers **G.** Nurses, **H.** Registered Dietitians, **I.** Nutrition Counselors, **J.** Family therapists, **K.** Pediatricians and other physicians for diagnostic and evaluation purposes, and **L.** Infant and Toddler Developmental Specialists (ITDS)	20 U.S.C. §1432(4)(F) 34 CFR §303.13(c) 34 CFR 303.13 (d) 391.308(2)(d), F.S. 391.308(4)(d), F.S. Florida Medicaid Early Intervention Services Coverage Policy, page 3

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10.2.0 Local Early Steps (LES) Requirements		
	Policy	**Reference/Related Documents**
	10.2.1 **A.** Each Local Early Steps (LES) must coordinate and/or provide training at the local level and liaison and work in conjunction with ESSO per contract requirements. **B.** Each LES may elect to require additional training beyond the minimum training standards set forth by ESSO. **C.** Each LES must have agreements with their providers that, at a minimum, stipulate: roles and responsibilities, general requirements, enrollment as an Early Steps Provider, training requirements, timelines and claims and billing practices. In addition, provider agreements must stipulate that providers do the following when a family misses a second consecutive appointment without advance notice: **D.** Contact the family's service coordinator within 5 days of the second missed appointment, **E.** Work with the family's service coordinator to re-establish services or to end services due to unsuccessful attempts to contact, and **F.** Document any missed appointments and follow-up activity in the provider's record for the child.	Policy 4.2.6 Operations Guide 10.2.1 Operations Guide 6.1.3.C

10.3.0 General Requirements for Provider Application and Approval		
	Policy	**Reference/Related Documents**
	10.3.1 Every prospective Early Steps provider must submit an application to each Local Early Steps (LES) serving the county or counties in which they desire to provide services requesting to be approved as an Early Steps provider.	
	10.3.2 Each Early Steps provider must submit an application to Medicaid in their appropriate discipline(s) before providing services to infants and toddlers in Early Steps.	
	10.3.3 Except as specified in Policy 10.3.5, both independent providers and providers who are employees of a LES must be approved as an individual provider by the LES order to serve Early Steps children in the service area.	
	10.3.4 Except as specified in Policy 10.3.5, the LES will use only those providers who have active provider records in the Early Steps Data System and have contracts or agreements for service provision with the LES. All providers must be approved by the LES.	

	10.3.5 LES will use providers who are not enrolled in the Early Steps Data System only when the family's insurance policy requires use of a specific provider who is not enrolled.	Operations Guide 10.3.5
10.4.0 Service Coordinator Requirements		
	Policy	**Reference/Related Documents**
	10.4.1 Individuals providing service coordination must apply for employment at their Local Early Steps office or have a contract with a Local Early Steps in order to provide services to Early Steps eligible infants and toddlers and their families.	
	10.4.2 The LES Service Coordinator Attestation checklist will be completed by the LES to verify that an applicant meets the Early Steps service coordinator requirements.	Operations Guide 10.4.2
	10.4.3 A service coordinator must meet one of the following education requirements: **A.** Bachelor's degree or higher from an accredited university with an emphasis in the areas of psychology, social work, health education, interdisciplinary sociology, early childhood, child development or special education, or **B.** An equivalent degree based on transcript review, or **C.** An out-of-field degree with a minimum of three years documented experience with young children and families in a teaching, case management or counseling role, or with individuals with special needs and/or developmental delays of any age in a case management role, or **D.** A registered nurse without a bachelor's degree, but with a minimum of three years' experience in the same areas required for those with an out of field degree.	
	10.4.4 Reserved	Operations Guide 10.4.4

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	10.4.5 All service coordinators must complete the following prior to being assigned an individual caseload: The service coordinator apprenticeship training found at www.train.org/florida/welcome, **A.** The Early Steps orientation modules training modules found at http://www.CMS-kids.com/providers/early_steps/Training/Orientation/Orientation.html, **B.** An apprenticeship under the supervision of an experienced, approved Early Steps Service Coordinator within 90 days of their hire date as verified via the apprenticeship and attestation checklist (unless meeting the specifications in 10.4.6 below), and **C.** Pass a clear background screening as documented by the following: **1.** A valid active Medicaid provider number, or **2.** A copy of a clear Level II background screen less than 5 years old.	
	10.4.6 Service coordinators are not required to complete the apprenticeship, apprenticeship training, or Early Steps orientation modules if the following conditions are met: **A.** Employed as a service coordinator in Florida's Early Steps system within the past 3 years, and **B.** Employed as a service coordinator for at least one year.	
	10.4.7 To comply with payor of last resort requirements, a service coordinator must be enrolled in Medicaid Targeted Case Management (TCM) in order to serve Medicaid children and seek reimbursement for services provided under Medicaid. Use of the term "service coordination" does not preclude the services actually being categorized as case management or covered by another payor of last resort such as Medicaid.	34 CFR §303.34(c) 34 CFR §303.510 Operations Guide 10.4.7
	10.4.8 The LES must maintain documentation of each service coordinator's: **A.** Qualifications, **B.** Employment record, **C.** Completion of apprenticeship training, **D.** Completed Service Coordinator Apprentice Checklist, **E.** Completed Early Steps orientation modules, and **F.** Completed Service Coordinator Attestation Checklist as submitted to Medicaid Provider Enrollment.	393.0655, F.S.
	10.4.9 A service coordinator who meets the requirements for a licensed healthcare professional or non-licensed healthcare professional may dually enroll as a service coordinator and direct service provider.	

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10.5.0 Licensed Healthcare Professional (LHCP) Personnel Standards		
	Policy	**Reference/Related Documents**
	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.** All licensed providers must provide the following items: **1.** Copy of Form W9(s) for each pay to/remit practice affiliation (solo/group/hospital) to ensure accurate claims payment, **2.** Copy of current Curriculum Vitae documenting previous five (5) year work/educational history in a month/year timeline, with explanation of any gaps longer than 90 days in employment, **3.** Copy of Social Security card, **4.** Copy of current, valid Professional license if currently licensed to practice in the State of Florida, **5.** And if NOT licensed to practice in the State of Florida, documentation of compliance with any current registration requirements of the applicable licensing boards. **6.** Individual National Provider Identification (NPI) number, **7.** Copy of any Specialty Certificates, Certification, or degrees, **8.** Copy of current professional liability insurance coverage, **9.** Summary of professional liability claim(s) pending or filed against you within the past five years, **10.** Summary of Medicaid and Medicare sanctions within the past five years, **11.** Level II Security Background investigation pursuant to Florida Statute Chapter 435 standards completed within the past 12 months (exceptions are APRN, PA, RN), **12.** Copy of Practice Protocols established and signed by both the credentialed supervising physician and the applicant (APRN & PA only), **13.** Current malpractice coverage in accordance to the Florida Statute Practice Act or bond that complies with the physician's relevant Practice Act in the Florida Statutes, **14.** Documentation of early intervention experience, and **15.** Documentation of Early Steps Orientation Modules completed. **C.** The LES will maintain a provider file containing the required documentation listed on the Early Steps Provider Attestation Checklist or ensure access to the provider file for local and state monitoring.	Operations Guide 10.5.1
	10.5.2 **A.** Licensed healthcare professionals must have one year of early intervention experience. **B.** One year of experience for a licensed non-physician provider is 1,600 hours of post-degree professional, degree specific hands-on experience with children from birth up to sixty months of age who	

	have special needs or developmental delays. Volunteer work is not considered professional experience for enrollment requirements.	
	10.5.3 **A.** Licensed healthcare professionals without the required one year of early intervention experience must complete the ES mentorship requirements and the ES Mentorship Documentation Form prior to serving Early Steps children without a mentor. **B.** Mentors must be the same discipline as the person being mentored. **C.** Mentoring will be monitored at the local level with oversight through contract management reviews. **D.** The mentorship must be completed within one year of its initiation.	
	10.5.4 Therapy Assistants and Speech Language Pathologists with provisional licenses must: **A.** Follow the supervision requirements of their licensure when serving children under the auspices of the Early Steps system. **B.** Provide information regarding their supervising therapist on the Early Steps Provider Supervision form as part of the Early Steps application and approval process.	Operations Guide 10.5.4
	10.5.5 Individual providers may enroll as an early intervention provider in only one of the professions listed in Chapter 3 of the Florida Medicaid Early Intervention Services Coverage Policy Handbook, even if they hold licenses in more than one of those professions. An early intervention provider may not be enrolled simultaneously as both an Infant Toddler Developmental Specialist and a licensed healthcare professional.	
	10.5.6 Speech therapy, physical therapy and occupational therapy assistants may not serve as a Primary Service Provider (PSP)	
10.6.0 Non-Licensed Healthcare Professional Personnel Standards		
	Policy	**Reference/Related Documents**
	10.6.1 Non-licensed providers who can provide services to infants and toddlers in the Early Steps Program are: **A.** Infant and Toddler Developmental Specialists (ITDS), and **B.** Board Certified Associate Behavior Analysts (BCABA)	
	10.6.2 **A.** The Early Steps Provider Attestation Checklist must be used to document the items listed in 10.6.2.B and maintained in the provider file. **B.** In order the be approved for initial certification, ITDSs must provide the following documentation: **1.** Copy of diploma or transcripts **a.** A bachelor's degree or higher from an accredited college or university in early childhood education or early childhood/special education, child and family development, family life specialist,	Operations Guide 10.6.2

communication sciences, psychology, or social work.

b. The LES should verify that university accreditation is met by checking the following website: http://ope.ed.gov/accreditation/Search.aspx. If the college or university is not listed on the website, verification of accreditation by another organization must be included in the certification packet.

c. (or) An equivalent degree based on transcript review, which would generally consist of at least 18 hours in one of the fields listed above,

d. (or) A bachelor's degree or higher with a degree in Rehabilitation with coursework related to serving the visually impaired OR a bachelor's degree as a teacher for the visually impaired AND a minimum of 9 hours of coursework specific to infant and toddlers or a certificate of completion of VIISA or INSITE training.

e. (or) A bachelor's degree or higher in Communication disorders, audiology or deaf studies AND a minimum of 9 hours of coursework specific to infants and toddlers who are deaf and hard of hearing or a certificate of completion of SKI-HI or INSITE training,

2. (or) An out-of-field degree from an accredited college or University.

a. Documentation of professional/post-degree experience

3. An ITDS applicant with an in-field or equivalent degree must provide documentation of at least one year of post-degree professional experience in early intervention using the Early Steps Certification of Experience form.

a. Verification of one of the following:

b. The applicant has successfully completed the university ITDS coursework at an approved university as documented by a university letter or transcripts,

c. (or) The applicant has completed the six ITDS online modules.

i. All non-licensed providers must provide the following items to the LES prior to providing services:

ii. Copy of Form W9(s) for each pay to/remit practice affiliation (solo/group/hospital) to ensure accurate claims payment,

iii. Copy of work history documenting previous five (5) year work/educational history in a month/year timeline, with explanation of any gaps longer than 90 days in employment,

	iv. Copy of Social Security card, **v.** Copy of any Specialty Certifications, **vi.** Copy of current professional liability insurance coverage, **vii.** Summary of professional liability claim(s) pending or filed against you within the past five years, **viii.** Summary of Medicaid and Medicare sanctions within the past five years, **ix.** Level II Security Background investigation pursuant to Florida Statute Chapter 435 standards completed within the past 12 months, **x.** Copy of required education from accredited University/College, **xi.** Documentation of University Coursework equivalent or ITDS modules completed, and **xii.** Documentation of Early Steps Orientation Modules completed.	
	10.6.3 Each LES will determine: **A.** If it will require ITDS providers to complete a mentorship program, **1.** If so, which ITDS providers must complete the mentorship, and **2.** The timelines for completing the activities outlined in the ES Mentorship Documentation Form. **B.** Each ITDS completing a mentorship must: **1.** Have an ITDS certificate, and **2.** Be a certified Early Steps provider before beginning the mentorship. **C.** LESs with ITDS mentorship requirements must: **1.** Use the Early Steps Mentorship Documentation form, and **2.** Monitor all ITDS mentorship activities at the local level.	Operations Guide 10.6.3
	10.6.4 The ITDS certificate is required to apply online for enrollment in Medicaid. To obtain an ITDS certificate from the Local Early Steps, all the following requirements must be met: **A.** Documentation that degree requirements have been fulfilled, **B.** Documentation of required professional experience, **C.** Documentation of ITDS university coursework or ITDS modules completed, **D.** Documentation of Early Steps Orientation modules completed, and **E.** Completed Early Steps Provider Attestation Checklist.	Operations Guide 10.6.4
	10.6.5 All ITDSs must renew their ITDS certification every three years from the date of their last certification. Such renewal will include: **A.** Completion of a minimum of 24 hours of continuing education within the previous three-year period related to infant and toddler	Operations Guide 10.6.5

	development or family engagement with caregivers of children under 36 months of age. Hours of continuing education may include: **1.** Continuing Education Units (CEUs) in relevant classes, and/or **2.** In-service hours. **B.** Documentation of all CEUs and/or in-service hours on the Early Steps ITDS Recertification Form and Continuing Education Credits or In-Service Hours Form.	
	10.6.6 Board Certified Associate Behavior Analysts (BCABA) must be supervised by a Board Certified Behavior Analyst (BCBA) and must provide information regarding their supervising BCBA on the Early Steps Provider Supervision form as part of the Early Steps application and approval process.	
10.7.0 Dual Enrollment		
	Policy	**Reference/Related Documents**
	10.7.1 An individual provider can be dually enrolled in Early Steps if the requirements for both provider types are met. The exception is that individual providers may enroll as an early intervention provider in only one of the professions listed in the Florida Medicaid Early Intervention Services Coverage and Limitations Handbook.	Policy 10.5.5 Policy 10.6.4

Component 11.0 Interagency Agreements			
Authority:	**IDEA Sections:**	1435, 1437	
	34 CFR Sections:	303.208, 303.209, 303.210, 303.511	
	Florida Statutes:	1003.575, 391.301, 391.308	
Intent:	These policies are intended to outline roles and responsibilities of collaborative interagency groups that have charge and authority to make decisions and define mandates regarding policies and procedures for infants, young children and their families.		
Sections:	11.1.0	Coordination with Programs Serving Infants and Toddlers	Page 118
	11.2.0	State Level Agreements	Page 118
	11.3.0	Local Level Agreements	Page 119

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11.1.0 Coordination with Programs Serving Infants and Toddlers		
	Policy	**Reference/Related Documents**
	11.1.1 Early Steps will promote interagency cooperation, integrate information, and coordinate services with other programs serving infants and toddlers, including, but not limited to, the Healthy Start program, the Newborn Screening Program, and the Blind Babies Program.	20 U.S.C. §1435(a)(10)(F) 391.301(3), F.S. Policy 1.2.18 Operations Guide 11.1.1

11.2.0 State Level Agreements		
	Policy	**Reference/Related Documents**
	11.2.1 **A.** The Florida Department of Health, Children's Medical Services, ESSO will maintain written interagency agreements or have another mechanism for collaborating with other state-level agencies such as the ones below that are involved with Early Steps. **B.** Florida Department of Children and Families, **C.** Florida Department of Education, Bureau of Exceptional Education and Student Services, **D.** Florida Department of Education, Division of Blind Services, **E.** Florida School for the Deaf and the Blind, **F.** Agency for Health Care Administration, Florida Medicaid Program, **G.** Healthy Start Program, **H.** Help Me Grow Program, **I.** Head Start, Early Head Start and related programs, **J.** Office of Early Learning, and **K.** Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).	20 U.S.C. §1435(a)(10)(f) 20 U.S.C. §1437(a)(10) 34 CFR §303.209(a)(3)(A)(ii) 34 CFR §303.210(a) 34 CFR §303.511(a) 391.308(2)(h), F.S. Operations Guide 11.2.1 Department of Health/Department of Education Cooperative Agreement Department of Health/Florida School for the Deaf and the Blind Memorandum of Agreement
	11.2.2 Reserved	
	11.2.3 The Florida Department of Health, Children's Medical Services, must maintain an interagency agreements that ensures that assistive technology devices may be retained for use by a child with a disability as he/she transitions to another state or community agency, school district or community living.	1003.575 F.S. Operations Guide 11.2.1

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	11.2.4 All state level interagency agreements must be reviewed by a DOH attorney prior to execution.	
	11.2.5 If a state level method or interagency agreement will amend state policies or procedures, it must follow the process for public participation.	34 CFR § 303.208 Policy 1.3.2 Policy 1.3.6 Policy 1.3.7
	11.2.6 **A.** Each state level method or interagency agreement must include: **B.** Procedures for achieving timely resolution of intra and interagency disputes about payments for a given service or other matters related to Early Steps. These procedures must include a method for making a final determination to be binding upon all agencies involved in the dispute, **C.** A process to resolve intra-agency disputes if a given agency is unable to resolve its own internal disputes in a timely manner, **D.** A process that permits an agency to resolve its own internal disputes as long as it is done in a timely manner, **E.** Clear identification of the financial and service provision responsibilities of each agency, and **F.** Specific IDEA Part B and C transition requirements. **G.** If during the resolution of the dispute, ESSO determines that the assignment of financial responsibility was inappropriately made. ESSO must: **H.** Reassign the financial responsibility to the appropriate agency, and **I.** Make arrangements to reimburse any expenditures incurred by the agency originally assigned financial responsibility.	34 CFR, § 303.511(c)(1) 34 CFR, § 303.511(c)(2)(ii) 34 CFR, § 303.511(c)(2)(i) 34 CFR §303.511(b) 34 CFR §303.209(a)(3)(ii) 34 CFR §303.511(c)(3) Policy 1.2.18

11.3.0 Local Level Agreements

	Policy	Reference/Related Documents
	11.3.1 **A.** Each LES must have in place a current written interagency agreement to define roles and establish responsibilities or other methods for active and ongoing communication with the following agencies and programs in their service area: **1.** Florida Diagnostic and Learning Resources System, **2.** Healthy Start Program, **3.** Help Me Grow Program, **4.** Local School District, to be in writing, reviewed at least annually and updated, if necessary, **5.** Early Learning Coalition, **6.** Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), and **7.** County Health Departments. **B.** Each LES will negotiate and maintain formal or informal interagency agreements that establish methods of communication and	391.301(3), F.S. 391.308(2)(h), F.S. 391.308(4)(c), F.S. 391.308(4)(j)(2), F.S. 391.308(4)(k), F.S. 391.308(4)(k)(2), F.S. 391.308(7)(f), F.S.

	procedures for the timely approval of covered services with the following entities in their service area: **1.** Managed Care Plans, and **2.** Private Insurers.	

Denotes a federally imposed policy required by the IDEA

Denotes a state-imposed policy not required by the IDEA or federal regulation

Component 12.0 Data Collection/Reporting and Record Keeping			
Authority:	**IDEA Sections:**	1418, 1435	
	34 CFR Sections:	303.124, 303.701, 303.721, 303.722, 303.723, 303.724	
	Florida Statutes:	Chapter 815	
Intent:	These policies are intended to assure accurate data is collected to facilitate evaluation of the effectiveness and adequacy of Early Steps services on the development of eligible infants, toddlers and their families served by the Early Steps.		
Sections:	12.1.0	Early Steps Data System-Data Custodian Requirements	Page 122
	12.2.0	Early Steps Data System - Data Users Requirements	Page 122
	12.3.0	Early Steps Data System - Child/family Information	Page 122
	12.4.0	RESERVED	Page 123
	12.5.0	Early Steps Record	Page 123
	12.6.0	Data Reporting Requirements for Early Steps Providers	Page 125
	12.7.0	Data Reporting Requirements - ESSO to the Office of Special Education Programs (OSEP)	Page 125
	12.8.0	Data Reporting Requirements - ESSO to Part B	Page 126

Denotes a federally imposed policy required by the IDEA

Denotes a state-imposed policy not required by the IDEA or federal regulation

12.1.0 Early Steps Data System - Data Custodian Requirements		
	Policy	**Reference/Related Documents**
	12.1.1 The Early Steps State Office (ESSO) and each Local Early Steps (LES) will have one Data Custodian.	
	12.1.2 The Data Custodian must: **A.** Be knowledgeable of the Early Steps data system, data forms completion, data entry and report generation, **B.** Be available to provide training related to data activities to LES staff and other Early Steps providers, **C.** Ensure that each individual who requires access to the Early Steps data system signs a Data Users Agreement, and **D.** Ensure that individuals' passwords for the Early Steps data system remain confidential.	

12.2.0 Early Steps Data System - Data Users Requirements		
	Policy	**Reference/Related Documents**
	12.2.1 Early Steps data system users must follow all applicable Department of Health and Children's Medical Services policies related to computer use.	DOH Information Security and Privacy Policy Florida Statute Computer Related Crimes Chapter 815
	12.2.2 All data must be entered into the Early Steps data system in accordance with contract provisions.	

12.3.0 Early Steps Data System - Child/family Information		
	Policy	**Reference/Related Documents**
	12.3.1 Parental consent is not required to enter child/family information into the Early Steps data system.	Policy 8.5.6
	12.3.2 The ICD-10 code(s) entered in the Early Steps data system must be individualized and updated, as necessary.	
	12.3.3 If the reason for eligibility changes from what was initially entered into the data system, the data must be updated.	
	12.3.4 The date of closure is the date that child exited Early Steps, which should be the same as the date noted on the written prior notice and not later	

	than the child's third birthday. It is not allowable to bill Medicaid for any action/service provided on or after a child's third birthday.	
	12.3.5 Reserved	
	12.3.6 The LES must ensure that an IFSP date is not entered into the Early Steps data system for any child determined ineligible for Early Steps.	Policy 3.1.10 Operations Guide 3.1.10
12.4.0 Reserved		
12.5.0 Early Steps Record		
Policy		**Reference/Related Documents**
	12.5.1 LES must be able to produce upon request the Early Steps records in the format specified by ESSO for every child referred to Early Steps within their region, even if contact is not successful, eligibility is never determined or an IFSP is never developed.	Policy 2.3.4 Policy 8.2.3 Operations Guide 12.5.1
	12.5.2 If an initial IFSP has been developed, the Early Steps record maintained by the LES must, at a minimum, consist of the following: **A.** Referral information, **B.** Informed Notice and Consent for Screening, evaluation, Assessment and Follow-Up Review, **C.** Informed Consent for the Use of Private Insurance, **D.** Prior Written Notice documentation, **E.** Authorization to Disclose Confidential Information, **F.** Log of Access to Confidential Record (DH-CMS Form 1063), **G.** Individualized family Support Plan(s), **H.** Progress Reports, **I.** Service Coordination/Targeted Case Management case notes, **J.** Consultation Documentation form, **K.** All Correspondence related to the child/family, including that which is exchanged electronically, regardless of method of electronic exchange, sender or recipient, **L.** Additional documentation such as court order granting legal guardianship, documentation of resident alien status, documentation of insurance, as appropriate, and **M.** Any medical documentation related to the diagnosis or medical condition of the recipient, including history and services.	Policy 1.7.1 Policy 2.3.4 Policy 3.4.1 Policy 8.5.5 Policy 8.5.6 Operations Guide 12.5.2 Early Steps Case Note Early Steps Case Note Instructions Policy 12.5.3F
	12.5.3 The Early Steps record maintained by the provider must at a minimum, consist of the following: **A.** Documentation of each service encounter, including the following: **1.** Child's name, **2.** Medicaid identification number, if applicable, **3.** Date of service, **4.** Names of persons to whom the service was provided, **5.** Place the service was provided,	Operations Guide 12.5.3 Florida Medicaid Early Intervention Services Coverage and Limitations Handbook

	6. Start and stop time of each session provided (e.g., 3:00 p.m. to 3:45 p.m.), 7. Whether individualized or group services were provided, 8. Details of provided activities, 9. Activities and tools suggested for caregivers to do in everyday routines, activities, and places, 10. Progress achieved, and 11. Dated signature and title of the person who provided the service. **B.** IFSP; **C.** Plan of care, if applicable; **D.** Any medical documentation related to the diagnosis or medical condition of the recipient, including history and services; **E.** Third party billing information; **F.** Progress reports, which must include the following: 1. Child's name, 2. Date, 3. Period of time covered, 4. Number of sessions that took place during the time period, 5. Reason(s) for any missed sessions. 6. Progress toward meeting IFSP outcomes, 7. Suggestions for family follow through, 8. Assistive technology device use recommendations, and 9. Provider's name, signature, and title. **G.** All correspondence related to the child/family, including that which is exchanged electronically, regardless of method of electronic exchange, sender or recipient.	Florida Medicaid Therapy Services Coverage and Limitations Handbook
	12.5.4 The LES will not maintain separate or shadow Early Steps records.	Policy 8.2.3
	12.5.5 Any information relayed or exchanged electronically that is related to screening, evaluation and assessment, eligibility determination, development and implementation of the Individualized IFSP Support Plan, provision of services, individual complaints regarding the child, and any other area under IDEA, Part C related to the child or the child's family, must be printed and filed in the Early Steps record.	
	12.5.6 Closed Early Steps records, including all records kept in electronic form, must be maintained by the LES and Early Steps providers for a minimum of six (6) years from the date of closure.	

12.6.0 Data Reporting Requirements for Early Steps Providers		
	Policy	**Reference/Related Documents**
	12.6.1 To ensure timely and accurate data, Local Early Steps should have mechanisms in place to resolve discrepancies, data errors or omissions when identified.	
	12.6.2 Early Steps providers must submit progress reports to the family and the child's service coordinator at least every six months or in conjunction with the review or update of the child's IFSP.	Policy 12.5.3.F. Progress Report Content Requirements

12.7.0 Data Reporting Requirements - ESSO to U.S. ED/OSEP		
	Policy	**Reference/Related Documents**
	12.7.1 ESSO must provide data to U.S. ED/OSEP in accordance with their instructions on the number and percentage of infants and toddlers by race, gender and ethnicity who on a specific date between October 1 and December 1 of each year: Are receiving early intervention services, and Exited IDEA, Part C services from birth through age 2.	20 U.S.C. §1418(a)(1)(B) 20 U.S.C. §1418(a)(1)(C) 20 U.S.C. §1418(a)(1)(F) 20 U.S.C. §1418(a)(1)(G) 20 U.S.C. §1418(a)(2) 20 U.S.C. §1418(a)(3) 34 CFR §303.721(a) Operations Guide 12.7.1
	12.7.2 ESSO must provide data to U.S. ED/OSEP on the following: **A.** Number of hearings conducted, **B.** Number of mediations held, and **C.** Number of settlement agreements reached through mediation.	20 U.S.C. §1418(a)(1)(F) 20 U.S.C. §1418(a)(1)(H) 20 U.S.C. §1435(a)(14) CFR §303.721(c)
	12.7.3 Data reported as identified in 12.7.1 above must include a certification signed by an authorized official of the ESSO that it is an accurate and unduplicated count of infants and toddlers with disabilities receiving early intervention services.	34 CFR §303.723
	12.7.4 Data reported as identified in 12.7.1 and 12.7.2 above must be done so in a manner that does not result in disclosure of data that identifies individual children.	34 CFR §303.722(a)
	12.7.5 ESSO must provide to U.S. ED/OSEP a description of the process that Florida uses or will use to compile data on infants or toddlers with disabilities receiving early intervention services under IDEA, Part C. The process must include:	34 CFR §303.124(b) 34 CFR §303.724

	A. Procedures used to count the number of children with disabilities receiving early intervention services, **B.** A certification from each LES that an unduplicated and accurate count has been made, **C.** A certification that the count was made within the dates specified in 12.7.1, and **D.** A description of the state's sampling methods if sampling is used, for reporting data.	
	12.7.6 If ESSO collects data for any indicators through monitoring and sampling, then ESSO must report data on these indicators for each LES at least once during the six-year performance period.	34 CFR §303.701(c)

12.8.0. Data Reporting Requirements - ESSO to Part B

	Policy	Reference/Related Documents
	12.8.1 ESSO will exchange with Florida Department of Education Bureau of Exceptional Education and Student Services specific personally identifiable information according to regulations under IDEA, Part C and IDEA, Part B.	20 U.S.C. §1418 20 U.S.C. §1435(a)(14) Florida Department of Health Children's Medical Services, Early Steps and Florida Department of Education Bureau of Exceptional Education and Student Services Cooperative Agreement

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Denotes a state-imposed policy not required by the IDEA or federal regulation

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: **A.** 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**
	B. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities. **C.** Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices. **D.** Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs. **E.** Training or technical assistance for a child with disabilities or, if appropriate, that child's family. **F.** 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. **A.** Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment. **B.** Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services. **C.** Provision of services for prevention of hearing loss; and **D.** 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	

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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.

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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	

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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 (unless the parent opts out as set forth in the Early Steps “Understanding Notification” brochure) 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	34 CFR §303.13(d)(7)

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Term	**Definition**	**Reference/Related Documents**
	C. Making referrals to appropriate community resources to carry out nutrition goals.	
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	20 U.S.C. §1402(23) 34 CFR §303.27

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Term	**Definition**	**Reference/Related Documents**
	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.	
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	

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Term	**Definition**	**Reference/Related Documents**
	outside the network than for expenses incurred within the network. Also, the POS plan will usually require insured members to pay deductibles and 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.	Policy Handbook 6.2.1
Private Insurance	As discussed in these policy and guidance documents, private insurance refers to health coverage that can be issued to individuals, to	

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Term	**Definition**	**Reference/Related Documents**
	employees of an employer offering health coverage, or to individuals that are members of association groups. Some health coverage in 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	

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Term	**Definition**	**Reference/Related Documents**
	provider or group of affiliated health care providers.	
Psychological Services	Includes: **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.	34 CFR§303.13(d)(10)
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	

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Term	**Definition**	**Reference/Related Documents**
	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) **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.	
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.	Policy Handbook 3.1.4

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Term	**Definition**	**Reference/Related Documents**
	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 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.	34 CFR §303.34(b)
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;	34 CFR§303.13(d)(13)

Definitions		
Term	**Definition**	**Reference/Related Documents**
	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.	
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; **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	34 CFR§303.13(d)(14)
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	34 CFR§303.13(d)(15)

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Term	**Definition**	**Reference/Related Documents**
	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.	
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.	
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:	

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Term	**Definition**	**Reference/Related Documents**
	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 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.	34 CFR§303.13(d)(17)

Definitions		
Term	**Definition**	**Reference/Related Documents**
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