



**ITDS Workforce Hardship Waiver to Enroll without an ITDS  
Certificate or Highly Qualified Designation  
(Effective February 1, 2008)**

**ITDS Waiver Review Process**

1. LES Director/Coordinator sends letter by email documenting workforce hardship (see below) to Early Steps Enrollment Specialist ([Ann\\_Kaperak@doh.state.fl.us](mailto:Ann_Kaperak@doh.state.fl.us)) and includes:
  - Applicant's name
  - Date packet sent
2. Copy Latasha Dullivan at: [Latasha\\_Dullivan@doh.state.fl.us](mailto:Latasha_Dullivan@doh.state.fl.us)
3. Packet includes:
  - Documentation of Experience Form
  - Copy of Degree
  - Transcript (if out-of-field degree)
  - Any other supporting documents (e.g., ITDS module certificates, if completed)
4. Once letter and packet received, the review committee is convened
5. LES notified by email of decision
6. Applicant continues with enrollment/approval process if approved for the waiver.

**Evidence of Workforce Hardship**

Written evidence from the local Early Steps Director or Coordinator of workforce hardship will include the following:

- Statement of need that includes a description of current workforce and need for ITDS providers
- Description of ITDS recruitment efforts by the LES
- Justification for submitting specific individual for waiver

**ITDS Education and Experience Requirements**

**Education Requirements**

Bachelors degree or higher from an accredited college or university in early childhood, early childhood/special education, child and family development, family life specialist, communication sciences, psychology, or social work

OR

- Equivalent degree based on transcript review

OR

- Substitute for an out of field degree with a minimum of five years documented experience

### **Experience Requirements**

One-year professional experience in early intervention equals 1600 hours of hands-on experience with 0 – 5 year-old children with special needs and/or developmental delays and their families. Time spent in a practicum or internship situation (up to 400 hours) may apply toward the 1600 hours of hands on experience.

### **Without One-year Experience**

Applicant must complete the Early Steps Provider Mentorship within six months of being employed or contracted by a Local Early Steps. The mentorship form can be found at <http://www.cms-kids.com/ESproviders/ESITDS.htm>.

### **ITDS Online Modules**

Applicant must complete ITDS On-line Modules within 60 days of waiver approval. The ITDS modules are found at <http://www.cms-kids.com/ESproviders/itds/index.html>.

## **Requirements for Temporary Approval for an ITDS to Begin Providing Services**

The following must be submitted before an applicant may be assigned a temporary approval and begin providing services through a Local Early Steps:

1. **ITDS Online Modules Certificates:** The applicant must submit the certificates of completion of the ITDS Online Modules within 60 days of the date the waiver is approved. Applicants are not eligible to provide services with a Local Early Steps until these certificates of completion are received. ITDS candidates can begin the ITDS modules prior to waiver approval, however completion of the modules is not a guarantee that a candidate's waiver will be approved.
2. **Documentation of Education:** Diplomas with areas stated and/or transcripts are acceptable.
3. **Early Steps Documentation of Experience Form:** This form must be completed and signed to document experience and practicum or internship. The Early Steps Documentation of Experience form must be completed and can be found at <http://www.cms-kids.com/ESproviders/ESITDS.htm>
4. **Enrollment in Medicaid:** All ITDS providers must enroll in Medicaid as an Early Intervention (EI) service provider. To enroll in Medicaid as an EI service provider, the applicant must send the completed application to the Early Steps Enrollment Specialist to review and be forwarded to Medicaid from

Early Steps. If the applicant is completing a mentorship, the EI Medicaid application must be submitted upon completion of the mentorship.

5. **Current Professional Liability Insurance:** A copy of the insurance policy face sheet and a letter from the applicant's employer confirming the coverage in the practice area under their policy is required if the employer is named on the face sheet as the insured.
6. **Level II (FBI) Background Screening (current within last 5 years):** This must be submitted to allow you to complete a mentorship, if required, and/or begin providing services. If you do not have a current Level II Background Screening, you may submit a fingerprint card to the CMS Provider Management Unit, Early Steps Specialist with a check for \$53.25 submitted in the form of a cashier's check or money order payable to the Department of Health.
7. **Terms and Conditions of Approval:** This form is required of all Early Steps providers and can be found at <http://www.cms-kids.com/ESproviders/ESITDS.htm>.

**Requirements for Active Approval for an ITDS  
(effective for three years):**

The following are required in order to be assigned an active approval:

1. **Completion of Mentorship:** Only applicable for those ITDS approved without one year experience. A mentorship must be completed within six (6) months of hire or contract with a Local Early Steps. The mentorship form must be submitted at the completion of the mentorship. (Does not apply to individuals approved in the Highly Qualified category who must have one year experience to enroll and be approved as an ITDS provider.)
2. **EI Medicaid Number:** Each ITDS is responsible for providing the Early Steps Provider Management Specialist their EI Medicaid Number upon notification of activation. Medicaid application cannot be made until the mentorship is completed, if applicable, and the ITDS modules are completed.
3. **Completion of Early Steps Online Orientation Modules (1-3):** Each ITDS must complete the three Early Steps Online Orientation Modules within ninety (90) days of application date. The Orientation Modules can be found at <http://www.cms-kids.com/ESproviders/training/EStraining.htm>.

***All documents referenced above must be mailed to:***

CMS Provider Management Unit,  
Attn: Early Steps Provider Management Specialist  
4052 Bald Cypress Way, Bin #a06  
Tallahassee, FL 32399